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CONTENTS

OF THE

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ESSAYS, MONOGRAPHS, AND CASES.

	PAGE.
Bronchial Injections: A Report, with a Statistical Table, of One Hundred and Six Cases of Pulmonary Diseases Treated by Bronchial Injections. By Horace Green, M.D., LL.D., &c., - - -	161
On the Treatment of Puerperal Convulsions. By B. Fordyce Barker, M.D., - - -	200
Deformities and their Remedy. By H. G. Davis, M.D., - - -	210
Early Medical Litterateurs of the United States. By J. Hancock Douglass, M.D., - - -	210

CHRONICLE OF MEDICAL PROGRESS.

Duration of Life in Scirrhus Cancer of the Breast. By Mr. Paget, St. Bartholomew's Hospital, - - -	223
Turkish Medical Service, - - -	225
On the Arthralgia of Phthisical Patients. By J. H. S. Beau, - - -	228
Chinoidine in Intermittent Fever, - - -	329
Case of Spontaneous Cure of a Pleuritic Effusion by Purulent Metastasis to the Urinary Organs, - - -	230
Treatment of Otorrhœa. By J. Yearsley, Esq.; and other selections, - - -	231

EDITORIAL AND MISCELLANEOUS.

American Medical Society in Paris, - - -	238
Commencement, - - -	239

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MARCH, 1856.

ESSAYS, MONOGRAPHS, AND CASES.

Bronchial Injections : A Report, with a Statistical Table, of One Hundred and Six Cases of Pulmonary Diseases Treated by Bronchial Injections. By HORACE GREEN, M.D., LL.D., &c., President of the Faculty, and Professor Emeritus of the Theory and Practice of Medicine, of the New York Medical College.

It is one year ago last month since I brought before the profession of this country, in a paper read before the New York Academy of Medicine, the subject of the direct medication of the lungs, by means of *catheterism* of the bronchial tubes. The reading of that paper occasioned the appointment, by the Academy, of a Scientific Committee, which was charged with the duty of investigating and of reporting upon this subject. The reports of this committee, consisting of a majority and minority one, were submitted to the Academy, and these, together with the discussion which followed, have been, through the MONTHLY, all laid before its readers.

As this method of treating thoracic diseases has now been continued a twelvemonth longer, during which period a large number of patients have been subjected to this plan, and as the

results of the treatment have been in a high degree satisfactory, I have deemed it incumbent on me to state these results to the members of the profession, many of whom have evinced much interest in this subject. The histories of all these cases have been kept by my assistant, Dr. J. W. Richards, and the statistical table which is here appended has been prepared with much care by him from his notes of the cases, taken during the time of their treatment. It is perhaps proper, also, here to state that the examination of many of these, by auscultation and percussion, was made before treatment, not only by myself, but likewise by Dr. J. Hancock Douglas, of whose skill as an auscultator I shall hazard nothing by saying that it is unsurpassed by few, if by any of the profession, in this country. An examination was also made by Dr. D. in many instances during the progress and at the close of the treatment, and in all such cases the physical signs, as observed by him, are given in the cases reported.

It will perhaps be remembered that the history of several cases, presenting all the physical and rational signs of tuberculosis, were given in the paper read before the Academy, which cases had been treated with apparent benefit by injections into the bronchial tubes. To those who have been interested in this subject—and it is only for those of the profession who regard progress in practical medicine as a desideratum, that I write—it will be a gratification to learn what has been the result in these instances, after a period of twelve or fifteen months. The first case described is that of a patient (a lady) who, having a large vomica in the right lung, was, in fact, in an advanced and hopeless stage of tubercular consumption.* The injections were employed, not with the expectation of curing, but with the hope of relieving the patient. During a period of some fifteen days, "the elastic tube was introduced into the left bronchial division seven times, and on each occasion from one and a half to two drachms of a strong solution of the nitrate of silver was injected into the lungs. Her cough and expectoration were greatly diminished, she breathed with more freedom than before, and she grew stronger and gained flesh in this period." While she remained under treat-

* Am. Med. Monthly, Jan., 1855, p. 15.

ment, her symptoms improved constantly, but being obliged to return to her home in Connecticut at the end of the above period, she soon after became worse, and died about two months after leaving New York.

The three other patients, whose cases are described on pages 17-22, and who exhibited—certainly two of them—unequivocal signs of early tuberculosis, are all not only alive at this present time, but are in the enjoyment of a much better state of health than when the treatment was commenced. One of these, indeed, Miss V. (see p. 20), called on me eight months after the treatment, and was then in the enjoyment of most excellent health.

In a paper, which I had the honor to read before the State Medical Society, at Albany, in February last, and which may be found printed in the published Transactions of this Society,* I reported several other cases of thoracic disease of much interest, which appeared to have been successfully treated by this plan of tracheal injections. As the previous history and sanitary condition of these patients, on coming under my care, were well known to other medical men, it cannot fail to interest the profession to know the result, after the termination of nearly a twelvemonth, in these cases also. Allusion is made in that paper to twelve cases, in the treatment of which catheterism of the air-passages, for a greater or less number of times, was employed. Of this number of patients, seven "manifested distinct physical signs of the presence of tuberculosis." Five were affected with chronic bronchitis. The history of one or two of these cases, abridged from the paper to which allusion has been made, I shall give.

December 4th, 1854—J. B. Minor,† Professor of Law in the University of Virginia, came to New York for medical treatment. He was accompanied by his friend and colleague, Dr. Davis, the distinguished Professor of Anatomy of the University. Prof. Minor, as I learned from Dr. Davis, had suffered from thoracic disease, following chronic follicular disease of

* Transactions of the State Medical Society of the State of New York. 1855. p. 233.

† *Ib.*, p. 245.

the pharynx for nearly a year before I saw him. Enfeebled by the journey, the patient was unable to leave his room for a week after his arrival in New York. A severe cough, with great debility, emaciation, and occasional hæmoptysis, were the rational signs most prominently manifested in his case. At the top of the right lung, there is dulness on percussion, and a less degree of expansion of the chest during inspiration is observed, at this point, than in the corresponding portion of the other side. Expiration is also prolonged on this side, whilst the respiratory murmur is augmented in force under the left clavicle. Bronchial râles are heard on both sides, while a severe cough, with large muco-purulent expectoration, which is occasionally streaked with blood, is present. Evidence of the presence of long-continued follicular disease exists, for the mucous crypts of the pharynx have disappeared, and the right tonsillary gland is entirely destroyed, and its place, between the anterior and posterior columns, is occupied by a large deep ulcer. Applications of a strong solution of nitrate of silver were first made directly to the ulcerated portion of the throat and the pharynx, and at the third application the sponge-probang was passed into the larynx. These operations, combined with appropriate general treatment, were repeated daily until the eleventh of December. Under this topical medication, the ulceration in the throat was healed, and the cough to some extent diminished; but this symptom was still severe, and the bronchial expectoration and other thoracic symptoms remained about the same as at first. At this period (Dec. 11th), in the presence of Prof. Davis and several other physicians, I introduced a flexible tube down to the right bronchial division of the trachea, and injected one and a half drachms of a solution of nitrate of silver through this tube into the lung. On the 12th, the injection was repeated, and this operation of catheterism of the air-tubes, alternating occasionally with the use of the sponge-probang, was continued until the 25th of the month. Under this treatment, the cough and expectoration of the patient rapidly diminished, his appetite returned, and his strength and general health improved daily. He had in this time gained several pounds of flesh, his cough and expectoration, which had harassed him for months, had disappeared; and from an enfeebled condition,

which prevented him from walking the distance of a block without assistance, he had regained so much in strength and vigor, that, for several days before he left New York, he walked daily two or three miles without fatigue or inconvenience. On the day of his departure for home, which was on the 25th of December, an examination of his chest was made, not only by myself, but by several other good auscultators, when it was found that the physical signs which were present at first had quite disappeared.

One year has now elapsed since Prof. Minor returned home to resume his duties as lecturer in the University of Virginia. In a letter received from Dr. Davis, some time after his return, he thus writes: "It will be gratifying to you to know that Prof. Minor has not been compelled to suspend his lectures, or to omit his daily exercise, since his return, for a single day." These duties, I believe, he has been enabled to discharge unremittingly up to the present time.

This case of Prof. Minor's is one of great interest, and as it was seen before and during treatment by many intelligent members of the medical profession, I do not hesitate, in view of this fact, to declare that it was one of those cases of thoracic disease, in the successful treatment of which *general* remedies have hitherto utterly failed.

I shall only allude to one other patient, whose case is recorded in the paper to which I have referred.

John Moore,* aged thirty-five, came under treatment Sept. 24, 1854. For several years this patient has suffered occasionally from chronic pharyngeal disease and enlarged and diseased tonsils. One year before, debility, with emaciation, cough, &c., came on, which symptoms continued to increase during the winter and spring of 1854. When first seen, a very troublesome cough, a free muco-purulent expectoration, with dyspnoea, emaciation, and great debility, were the prominent symptoms in his case. The physical signs were correspondent. Dulness on percussion, with crepitating râles, were observed over a part of the right lung. Near the upper portion of this lung, strongly-marked signs of a tubercular exca-

* Trans. State Med. Society, p. 248.

vation were present. These physical signs were observed by several good auscultators.

The same plan of treatment as that employed in the preceding case was followed in the case of Mr. Moore. Topical applications of the nitrate of silver were first made to the pharynx, and subsequently into the larynx and trachea, and these were continued until the 13th of November, when the use of injections into the bronchial tubes was commenced. These operations, together with appropriate general treatment, were continued until the 15th of January. Within twenty-four hours after the first injection, both the cough and the expectoration of the patient began to diminish. He soon commenced to regain flesh and strength, and every unfavorable symptom continued steadily to decrease. On the 6th January, 1855, along with my colleague, Prof. E. H. Parker, I made a careful examination of the patient's chest. The respiratory murmur could be heard full and clear on both sides; prolonged expiration in one location was the only abnormal sign present.

January 25th—Mr. Moore called and reported himself "quite well." He has no cough or expectoration except some slight raising in the morning. He is quite strong and hearty, can walk any reasonable distance, and attends constantly to his ordinary business.

Nearly a twelvemonth has passed since this patient was dismissed. During this period, he has been able to attend constantly to business, and still continues in the possession of an ordinary degree of health.

This was one of the patients seen by the Committee appointed by the Academy to inquire into this plan of treatment, and in whose presence the tube was introduced into the trachea, "and an injection of a solution of nitrate of silver of the strength of thirty-five grains to the ounce was thrown in."*

In this paper, read before the State Medical Society, allusion is made to ten other cases, in the treatment of which catheterism of the air-passages, for a greater or less number of times, was employed. Several of these patients manifested distinct

* American Med. Monthly, July, 1855. p. 40.

physical signs of the presence of tuberculosis. Five of the number were affected with chronic bronchitis, in four of which the disease had continued several years, and was complicated with incipient tuberculosis. "These cases were all treated at first by cauterization of the larynx and trachea, and by appropriate general treatment, followed by the injection of the solution into the lungs. Some have already been dismissed cured, or materially relieved; others are still under treatment, and the result, of course, cannot at present be given."

Included in the tabular statement which follows at the conclusion of this paper, will be found, not only a further history of these cases, but also a tabular record of all the cases which have been treated by tracheal injections during the last year, or since I presented before the New York Academy of Medicine my first paper on this subject. The whole number of cases in which this treatment has been employed since its adoption, in October, 1854, amounts to one hundred and six. These cases are given in their chronological order. but they may be arranged very appropriately into four principal divisions, namely, *incipient tuberculosis, advanced tuberculosis, bronchitis, and spasmodic asthma.*

Although all the principal points in these cases, and the result of the treatment, so far as this can be known, are given in this tabular statement, yet I shall select from each of these divisions one or more cases, whose history and management will be more fully detailed, in order the better to illustrate that class of diseases for the treatment of which this form of topical medication is the most appropriate.

I.—Cases Presenting the Usual Rational and Physical Signs of Incipient Phthisis.

CASE I.—R. L., of Springfield, Mass., aged thirty, of large frame, dark complexion, hair, and eyes, came under treatment November 3d. 1854. In September, 1853, he contracted a severe cold, which was followed by a hard, dry cough. Free expectoration of mucus at length took place, and this, together with the cough, continued through the following winter. These symptoms were abated somewhat during the summer of 1854, but the cough never entirely left him, and on the approach of

cold weather all his unfavorable symptoms were greatly increased. Examined November 3d, 1854, his case presented the following symptoms:—He was emaciated; sallow countenance, constant cough, which was now attended with muco-purulent expectoration; night sweats, frequent pulse, hoarseness, with chronic folliculitis. On examining the chest, there was dulness on percussion under the right collar bone, and auscultation revealed sibilant and crepitant râles, with prolonged expiration throughout the upper part of the right lung, and decided increase of the vocal resonance. On the left side, the respiratory sounds were slightly augmented in force, but otherwise normal. His mother, who accompanied him, stated that the family was not supposed to have any hereditary tendency to consumption. At a subsequent visit, a few days later, Prof. E. H. Parker and Dr. Douglas both examined this patient, and finding the above signs present, coincided with me in the opinion that tubercular exudation existed in the right lung.

The treatment consisted of both local and general measures. Topical applications of the nitrate of silver were made first to the fauces and pharynx and aperture of the glottis, and subsequently into the larynx and trachea, and the iodide of potassium, with the proto-iodide of mercury, was administered internally. These measures were continued (the applications being made almost daily) until the 17th of November, when the tube was introduced, and a drachm and a half of the argentine solution injected into the right tracheal division. Between the above period and the 20th of December, at which time the patient left for his home, this latter operation of catheterism was performed fifteen times, and on each occasion from one to two drachms of the solution of the strength of from twenty to thirty grains to the ounce of water were employed.

Under this treatment the patient improved gradually, but constantly; his cough and expectoration diminished; his strength increased; he gained flesh; and nearly all his unfavorable symptoms disappeared. A corresponding improvement took place in the physical signs. Before he left, Dr. Parker again examined this patient, at my request. Some dulness is still apparent at the upper portion of the right lung, yet much less than at first; but the crepitant râles have disap-

peared, and the respiratory murmur can be heard throughout the whole extent of the right lung. The patient has an occasional slight cough, but with little or no expectoration. Says he has a good appetite and "feels well."

This present month, December 13th, one year later, Mr. L., being in New York, called at my office. He is looking well, has gained still more flesh and strength, has been able to attend to his business constantly, as a merchant, during the past year. At this time a minute examination of the patient's chest was made by my assistant, Dr. Richards, and myself, and a flatness, on percussion, over the right lung, was the only abnormal sign that could be detected.

Remarks.—If dependence is to be placed for a correct diagnosis upon the admitted rational and physical signs of tuberculosis, then this patient's case presented at first the unequivocal indications of the presence of this disease; and although we cannot yet positively aver that these abnormal symptoms have all disappeared, still it must be admitted that we have every reason to believe that an arrestment of the pulmonary disease, in this case, has been effected.

CASE II.—During the latter part of last summer, I received a letter from Prof. Bledsoe, of the University of Virginia, requesting me to take under my care the daughter of a particular friend of his, (the Rev. Dr. S., of that State,) who was considered by her friends to be suffering under pulmonary disease. It was proposed that she should visit New York as soon as the summer heat had subsided.

September 10—Miss S. came to my office, and her case was examined. Eighteen months before, when about nineteen years of age, a slight cough came on, attended with emaciation, loss of appetite, and occasional hæmoptysis. In May, a little over four months previous to her visit to New York, she became worse, her cough was harder and more frequent, and the expectoration was frequently mixed with blood; these were among the symptoms that characterized her case at the time of her first examination. She is tall, has a narrow chest, a dark, sallow countenance, with considerable emaciation. On examination of the chest, there was marked dulness under the right clavicle, with feeble respiration; the expiration was prolonged,

and crepitant râles were quite apparent throughout the upper portion of the right lung ; the left lung appeared normal. A severe cough, with muco-purulent expectoration and frequent hæmoptysis, were the prominent rational signs. The patient and most of her friends had had no faith in any other but homœopathic treatment, and she had been induced to seek for other aid only through the earnest solicitation of her father's friend, Prof. B.

It will be unnecessary to detail minutely the measures adopted in the treatment of Miss S.'s case. The iodide of potassium in combination with the bitter vegetable tonics was administered. Topical applications with the sponge-probang were made to the aërial passages for several weeks, followed by the injection of the nitrate of silver solution into the right bronchi, as in the preceding case. The phosphate of manganese, with the tincture of cinchona, and a generous diet, were also ordered for the patient towards the close of the treatment. The topical measures were continued until the 29th of October—for a period of six weeks—when the patient left the city to visit some friends residing in Massachusetts. At this time her unfavorable symptoms had nearly all disappeared. She coughed but very little, and had but little expectoration, and no hæmoptysis. Her flesh and strength had both increased, and her countenance and general appearance were both indicative of returning health.

On the 16th of November this patient returned to New York, on her way to Virginia. At this time I made an examination of her chest. A little flatness on percussion is perceived on the right side, but the respiratory murmur is heard distinctly throughout the entire lung ; no râles can be detected. She has no cough, no expectoration ; has gained still more in flesh and strength, and says, with the exception of her chronic catarrh, she "feels quite well." She was directed to continue her tonic, to live well, and in appropriate weather to exercise in the open air.

Miss S. returned to Virginia, and I heard nothing more of her case until the present month, when I received a letter, dated January 17th, 1856, from which I extract the following :

"My general health, since my return home, has been very

good. I have discontinued the tonic which you gave me, because it seemed to have fully accomplished its work. My appetite is good, I look well, and have fully my usual strength."

Remarks.—In the discussion which took place in the New York Academy of Medicine on the employment of topical medication in the treatment of cases of pulmonary disease, it was asserted by a member of the committee that no reliance could be placed on the apparent improvement of patients under these circumstances, as it is well known that consumptives often made great improvement for a time, "under the hope inspired by a new mode of treatment."

The favorable change, however, which has attended the treatment of Miss S.'s case cannot be attributed to any "controlling faith" in its efficacy, as may be seen from the following extract from the letter from Prof. B. to which I have referred: "Miss S. thinks you will do her no good, and her mother is entirely opposed to the experiment. * * * I take this step in opposition to the wishes of every other member of her family, and of the family connexions. They all fear that consumption will follow. I am sure if it should, it will not result from your treatment; and feeling thus sure, I am determined to take the responsibility. If it should follow, I shall be blamed for the pertinacity with which I have insisted upon the abandonment of homœopathic quackery, and on the necessity of applying to you. But I am satisfied; for I know that I am doing right."

CASE III.—C. H., of Jersey City, aged thirty, an officer of the Customs, had shown some indications of thoracic disease, when about twenty-two years of age, for which a change of climate was advised. In January, 1849, he sailed for California, where he remained over two years, returning to New York in March, 1851, apparently in good health. In April, 1855, by exposure in a storm, he took cold,—a cough came on, followed by expectoration, night sweats, great loss of strength, hæmoptysis, and emaciation. During a part of the summer of 1855, he was under homœopathic treatment, but without any improvement. He then consulted a physician of this city, by

whom his night sweats were relieved for a time, but his cough, emaciation, and other symptoms continued.

"On the 15th of September," (I shall here quote from the record of my assistant, Dr. Richards,) "C. H. came under our care, with the following symptoms: countenance dusky, pale, wrinkled; cough severe, particularly in the morning, when he expectorates large quantities of muco-purulent matter; is very feeble, emaciated, weighing only ninety-four pounds; loss of appetite; skin dry and feverish; pulse 110. He has chronic pharyngo-laryngeal disease, with elongated uvula.

"The physical signs indicate extensive bronchial disease of both lungs, complicated apparently with tuberculosis of the right lung. There was dulness on percussion under the right collar bone, moist crepitating râles, with prolonged expiration."

Treatment.—A portion of the elongated uvula was removed. Applications of a solution of the nitrate of silver were made once in two or three days to the pharyngo-laryngeal membrane, and the iodine, with vegetable tonics, was internally administered. The cauterizations were continued until the 20th of October, when the patient not improving in his general symptoms (although his cough and expectoration had in some degree diminished), the flexible tube was introduced, and a drachm of the solution injected into the bronchial divisions. The same result which had followed the employment of the tube in many other similar cases occurred in this instance, the cough and expectoration diminished more rapidly than before its use. These injections, alternating with the use of the sponge-probang, have been continued up to the present time, January 1st, 1856, and the following is the patient's condition:—He has nearly regained his usual strength; has very little cough or expectoration; pulse much diminished in frequency; and his present weight is 115 lbs.

Auscultation reveals slight bronchial irritation of the right lung; no râles, no prolonged expiration; the respiratory murmur is feeble, but distinct over the whole of the right lung.

January 14th—Examined Mr. H. to-day, and find his pulse at 74. He has neither cough or expectoration except a little "clearing of the throat" in the morning. He feels quite well,

and looks well, and is quite able now to attend to all his duties as an officer of the Customs.

CASE IV.—In December, 1853, A. Y. R., twenty-six years old, came to this city, with a letter from Dr. Smith, of Riga, by whom the patient was recommended to my care. Seven years before he had an attack of mumps, and, following that disease, had experienced more or less irritation in the throat, which was caused by an occasional cough and a disposition to clear the throat by frequent "hawking."

About one year ago a cough came on, which has been prominent ever since. Four or five members of his family have died of phthisis.

Present condition: The patient is emaciated; has a phthisical aspect; the pulse is accelerated; cough and expectoration considerable, and during the last year he has had an occasional hæmoptysis. Over the apex of each lung percussion elicited sounds slightly dull; respiration decidedly rude, with resonant voice on the right side, left, tolerably clear.

Both tonsils were enlarged and diseased; the right gland had two large openings in it, through which pus oozed when the tonsil was pressed upon by the finger; the uvula was elongated, and the pharyngeal membrane covered with enlarged and diseased follicles.

The hypertrophied and diseased portions of the tonsillary glands were excised, the uvula truncated, and the applications of the nitrate of silver made to the fauces and pharynx, and subsequently into the larynx. The local, with appropriate general treatment, was continued about four weeks, or until January 9th, 1854, when the patient returned to his friends, considerably improved in health. His cough and expectoration were much improved, and he had regained flesh and strength. These favorable symptoms continued until some time in February, when, being exposed at night in an open carriage, he took cold, and all his unfavorable symptoms returned with increased severity.

He came back to New York the 27th of the same month, and was again under treatment, both topical and general, for several weeks. He was once more greatly benefitted by the treatment, and although the cough was never entirely absent,

and the hæmoptysis occasionally recurred during the whole season, yet he increased in weight and strength, and was enabled to attend to his ordinary mercantile business through the Spring and Summer of 1855. Sometime during this latter period, Mr. R., being in the country, had unfortunately an attack of influenza, by which his former symptoms of pulmonary disease were renewed with increased severity. He did not, however, return to the city until quite late in the Fall, so that a period of eight months intervened between his last treatment and the 5th of November, when he once more came under my care.

He was now considerably emaciated; had purulent expectoration; and the hæmoptysis, which had occurred moderately at intervals for three years past, was more copious, and more frequent in its recurrence. Auscultation revealed the existence of a tubercular deposit in the right lung, and the rational signs present confirmed this opinion.

Recourse was again had to cauterizations of the larynx and trachea, together with the internal administration of those general remedies, which had before benefitted the patient. But their use was not followed by that improvement which had attended their earlier employment, for the cough and expectoration continued, and the attacks of hæmoptysis, which for three or four months had occurred at very regular intervals—once in two weeks—had become severer than ever. The tube was now used, and injections of a solution of nitrate of silver were thrown into the bronchi every second or third day, for several successive weeks. Improvement began with the adoption of this treatment, and continued constantly to advance during its employment. There was no return of the hæmorrhage after the first bronchial injection; the cough and expectoration rapidly decreased, and the patient gained daily in strength and weight.

On the 30th of November, this patient was examined in the presence of several medical gentlemen who had watched the progress of his case during the treatment. His countenance has lost its phthisical aspect; he has increased several pounds in weight in the last six weeks. His cough and expectoration have nearly disappeared. The dulness over the right lung is

barely perceptible, the respiratory murmur is present, but neither râles nor prolonged expiration can be detected. He returned to his home in better health than he has had for years.

II.—Cases exhibiting the Effect of Catheterism of the Lungs in the Advanced or Confirmed Stage of Tuberculosis.

Since the proposition was made to employ injections in the treatment of advanced phthisis, the question has frequently been asked, whether it is claimed that the tubercular cavities may be injected, or what is the therapeutic object proposed to be obtained by this treatment? "When these cavities communicate with bronchial tubes, and are not seated in the upper portion of the lungs," it is undoubtedly possible that this operation may be performed, although its positive accomplishment has never been claimed; but this is not the end desired, Recent histological observations have fully established this pathological fact, that in all cases of tubercular deposit, there occurs in the immediate vicinity of the exudation more or less of an inflammatory action, in which all the adjacent structures are involved. The bronchial membrane, and the pulmonary parenchyma, become at once congested, and subsequently inflamed. The terminal extremities of the bronchi, says Prof. Bennett, are among the first structures affected, and as the tuberculosis proceeds, all the appearances characteristic of chronic bronchitis are produced, and are constantly going on in the progress of a case. "Consequently," he observes, "the great problem to be worked out, in the treatment of pulmonary tuberculosis, is that, while on the one hand, it is a disease of diminished nutrition and weakness, and consequently requires a general invigorating and supporting system of treatment, on the other it is accompanied by local excitement, which demands an antiphlogistic and lowering practice."*

It is to meet this last indication—to subdue the local inflammatory action in the immediate vicinity of the exudation—an action which, if continued, will not only effectually prevent the disintegration and absorption of the tubercular mass, already

* The Pathology and Treatment of Pulmonary Tuberculosis. By John Hughes Bennett, Professor, &c., in the University of Edinburgh. p. 68.

formed, but which will tend to augment the mass, that applications of the nitrate of silver solution to the congested and inflamed membrane are advised in early as well as in advanced tuberculosis. The following cases will illustrate the effect of this treatment, when employed late in this disease.

CASE V.—B. M., aged thirty-six years, from Pittsburg, Pa., in height over six feet, with full chest, dark eyes and complexion. Has had an occasional cough, with chronic folliculitis, for four years; until 1854, was always better in Summer. In June of this year, hæmorrhage from the lungs occurred, and again in October, his cough also increased, and emaciation and night sweats followed. Accompanied by a younger brother, who for several months had suffered under symptoms similar to his own, he came to New York in October, and both placed themselves under a doctor, whose newspaper advertisements offered, through "inhalation," a cure to all consumptives. During a period of five months, inhalation was faithfully followed. In two weeks after commencing this treatment, a severe pulmonary hæmorrhage came on, and this occurred four times during the treatment. The patient continued to emaciate; his cough and expectoration increased, and he grew daily weaker. He was advised to go South, and left the latter part of the Winter for a milder climate. Not being benefitted, however, by the change, he returned to New York again, and on the 20th of April, 1855, came, with his brother, (in whose treatment inhalation had proved equally unsuccessful,) and placed himself under my care.

The case at this time exhibited every sign, both rational and physical, of confirmed phthisis. The right lung appeared full of tubercles, and auscultation revealed a large vomica in its upper portion. On directing the patient to cough, the succussion produced a distinct "splash" in the cavity, occasioned by the motion of the air through its fluid contents. A severe cough, emaciation, hectic, and night sweats, were present. The patient was very feeble, and daily expectorated large quantities of pus, mixed occasionally with blood. Mr. B., who was a well-educated and an accomplished gentleman, understood well the incurable nature of his disease; but he expressed a desire to submit to any plan of treatment that would tend to mitigate

the severity of his symptoms. To detail fully the treatment which was adopted will be unnecessary. The sponge-armed probang, wet with a forty-grain solution, was first applied to the pharynx and glottis, and subsequently to the larynx and trachea, and a supporting plan of general treatment was adopted.

After some eight or ten applications, the flexible tube was without difficulty introduced into the trachea, and a drachm and a half of the solution thrown into the right bronchia. This treatment was continued over two months, catheterization being employed about three times a week during this period.

As constitutional remedies, the phosphate of manganese, with vegetable tonics, and a generous diet, were also advised. The effect produced on the patient by the first injection was remarkable; his cough and expectoration were almost entirely arrested for twenty-four hours, without the occurrence of any unpleasant symptoms; and the patient continued to improve daily as the operations were repeated.

July 10th—Mr. B. was to-day examined by several of my medical friends, who saw and examined the case at first, and who have watched its progress during the above treatment, and the following is found to be his condition.

He has gained considerable in weight. With the exception of a slight coloring of blood, occasionally seen in the expectoration, the hæmorrhages have entirely ceased since the employment of the injections; the cough and expectoration have lessened more than one half; his strength is greatly improved. The moist râles and "splash," which were heard at first in the right lung, cannot be heard, but there is still dulness on percussion, and a dry blowing sound is observed in the place of the vomica. Mr. B. wished to leave the city during the greatest heat of the Summer; he was advised to go to Lake Superior, and he left on the 14th of July for that region.

Several times during the Summer and Fall Mr. B. was heard from through his friends, and in every instance the report was favorable with regard to the continued improved condition of his health.

January 8th, 1856—To-day, Mr. B., who has returned to New York, called at my office. He appears in better health

than when he left the city, six months ago, and says that while he was in the region of the Lakes, he felt quite well, that he had neither cough nor expectoration, and was able to endure much exposure and fatigue, as he did in hunting and fishing, without any injury to him whatever. He had not time then to have his chest examined, but has promised to call in a few days for this purpose.

CASE VI.—G. B., a resident of Nashville, Tenn., thirty-two years of age, called on me October 19th, 1855, bringing a letter of introduction from Dr. Wallace, of Dublin, Ireland. He had just returned from Europe, where he had spent several months for his health, having consulted, while abroad, several distinguished foreign physicians, and among them Dr. W., under whose treatment Mr. B. had been for some time, and who commended him to my care, on his arrival here. Dr. W. had considered his case, and had treated it as one of chronic folliculitis, complicated with tuberculosis.

The following is the record from the case-book of Dr. Richards:—Our examination revealed ulceration of the tonsils and elongation of the uvula, with disease of the follicles of the pharynx, and ulceration of the sub-tonsillary fossæ, œdema of the epiglottis, and ulceration of its border. By auscultation and percussion, the presence of tubercles in both lungs was discovered, most extensive in the right, in the upper lobe of which a large vomica was found. The rational symptoms were marked and urgent, viz., aphonia, cough severe, with abundant purulent expectoration, emaciation, countenance pale and sunken, great debility, with nervousness and sleeplessness at night."

The same plan of treatment which was employed in the preceding cases was adopted in this. Topical medication of the upper part of the respiratory passages was followed by injections of the fluid into the bronchi. "The patient gradually and steadily improved under this treatment; his cough diminished constantly after the commencement of the local treatment, without the administration of any cough mixture whatever, and the expectoration decreased and became more mucous. The treatment was continued about four weeks. On the 13th of November, he left for his Southern home. Examining his case at this time, I noticed the following improvements: The

cough and expectoration had greatly diminished—considerably more than one half in amount; he had nearly regained his voice; his strength was improved; and the cavity on the right lung was sensibly diminished, and was completely dry. Mr. G. has not been heard from since he left.”

Dr. Cotton, of London, who, in his valuable work on consumption, highly recommends topical medication in the treatment of laryngeal phthisis, says that, although he has known “the voice regained, the irritable cough removed, and the tenderness and difficulty of swallowing dissipated entirely by it”* in this disease, yet he would not advise it to be practised when the pulmonary disease is in a *very* advanced stage, and the strength of the patient much exhausted.

I confess I have never seen any injury result from the use of topical medication appropriately employed, even in the latest stages of the disease. As a palliative, it fails in some cases, but in many instances have the last words of the dying consumptive been employed, in expressing his gratitude for the relief afforded him from that irritating and harassing cough which so often torments the patient in the later period of this disease.

CASE VII.—In August of last year, Dr. Mason, an intelligent physician from Alabama, came to New York, with his brother, a young gentleman twenty-one years of age, then in an advanced stage of consumption. The pulmonary disease had been preceded by, and was complicated with, severe chronic laryngitis. The epiglottis was oedematous, and it, together with the sub-tonsillary fossæ, was extensively ulcerated; there existed, consequently, great difficulty of deglutition and complete aphonia. The patient was extremely emaciated, and very feeble—more so, because the great difficulty in swallowing had prevented him, for many weeks, from taking food, except in very small quantities. The physical signs indicated the existence of tubercles in both lungs, but the disease had made much the greatest progress in the right lung. Dr. Mason desired me to take charge of his brother, and to do all in my power to relieve him

* The Nature, Symptoms, and Treatment of Consumption. By Richd. Payne Cotton, M.D., &c. pp. 237-8.

and to prolong his life. In order to lessen the difficulty of deglutition, and to allay the constant irritation of the throat, the ulcerated parts were cauterized with a solution of the strength of 80 grs. of the nitrate of silver to an ounce of water. Under the local and a general tonic treatment, these urgent symptoms were greatly relieved for a time. Dr. M., who remained with his brother several weeks, and who had observed the beneficial effects of the treatment in other cases under my care, was anxious to have the injections employed in his brother's case, with the hope that the pulmonary disease might to some extent be arrested. These were employed, but they failed to produce any permanently beneficial effect.

Although the cough and expectoration appeared for a short time to be diminished, yet the pulmonary disease continued to make rapid progress. On the 25th of September, Mr. M. left for his home in Alabama, and died in the following November.

In several other similarly complicated and advanced cases, where the laryngeal symptoms have predominated, the pulmonary injections have not afforded that relief we are sure to obtain from the use of the sponge-probang; but still, in none of these instances have I observed any unfavorable symptoms to follow their employment, unless this may be considered to have been the result in case 100. This case was that of a gentleman from Jacksonville, Florida, who was hereditarily predisposed to the disease. He came to this city in October last, in an advanced stage of tuberculosis. He had declined very rapidly, was greatly emaciated, having lost fifty-five pounds of flesh during the six months that preceded his visit to New York. His cough was harassing, and was attended by a profuse, purulent expectoration, with occasional hæmoptysis. The presence of a large vomica was revealed in the left lung, by the heavy plash which was heard whenever the patient coughed.

The treatment was commenced on the 28th of October, and for a time the patient improved rapidly. "At this stage of the case, Nov. 7th, (I quote from Dr. R.'s case-book,) Mr. S. seemed greatly improved; the cough and expectoration were well nigh gone, the plash was less, and he felt much better every way, except in his sleeping. Upon his reporting that he

slept but two or three hours each night, a mild anodyne was prescribed (McMunn's elixir), of which he took a few doses; in all, about two drachms.

After this, he became perfectly wakeful; did not sleep at all for forty-eight hours, and but very little for a week. From this time he gradually failed; no appetite and no sleep; no pain; no diarrhœa; but occasional profuse perspiration, with great and increasing dyspnœa, until November 26th, when he died. Did the improvement (drying up of the vomica?) intensify the disease in other parts of the lungs, or in other organs?"

No autopsy was permitted.

III.—*Cases of Bronchitis Treated by Catheterism of the Bronchial Tubes.*

In the paper read before the New York Academy of Medicine, on the subject of topical medication of the air-passages, it is maintained that whenever, in the treatment of bronchial disease, this remedy has been freely employed, its effects have been invariably salutary. Subsequent experience in the treatment of chronic bronchitis will fully sustain this favorable opinion of the results of the practice.

I shall attempt to illustrate its effects by a report of one or two cases only.

CASE VIII.—A young man, aged twenty-three years, from the interior of Pennsylvania, called on me the 7th of Sept., 1855, bringing a letter from his physician, by whom he had long been attended, requesting me to examine the patient, and treat his case in the manner I should deem advisable. His disease, on examination, proved to be chronic bronchitis, long continued, and of a severe character.

Six years before, he had first suffered from an acute attack of the disease, from which he had been relieved. The affection was renewed once in two or three months afterwards, for a period of three or four years; but it became at length chronic, and continued.

Auscultation revealed extensive bronchial inflammation of both lungs, but the left side was more involved than the right. Some signs of a tubercular deposit in this lung were apparent;

for the free, muco-purulent expectoration was often mixed with blood, and slight dulness was evident on percussion; but his pulse was moderate, 80 in the minute, and he had no hereditary tendencies. At some periods, when the paroxysms of coughing were very severe, the patient would expectorate eight or ten ounces in the course of the twenty-four hours, and occasionally, though rarely, almost pure blood was raised. He is not greatly emaciated, and his strength is tolerably good, but he cannot endure severe exercise.

Treatment.—Cauterizations with the sponge-probang were applied for a week or ten days to the opening of the air-passages, until the peculiar irritability of these parts was allayed, when the tube was introduced, and a solution of the nitrate of silver was injected into the bronchi. An issue was applied to the left chest, and the following mixture internally administered in doses of a fluid drachm twice daily:—

R Decoct. Senegæ.		℥iv
Potassæ Iodid.,		℥iiss
Tr. Opii Camph.,		
Syr. Tolutan.	aa	℥j
Fiat misturæ.		

The patient began to mend with the commencement of the topical applications, but his improvement was much more rapid after the injections were employed.

All his unfavorable symptoms diminished daily, so that by the fifth of October he felt sufficiently restored to return to his home—and he left the city on the above date, greatly improved in health.

CASE IX.—Mrs. M., aged thirty-eight, of this city, consulted me, February 2d, 1855, for a bronchial disease of six years standing. Several years before, when engaged in general practice, I had attended this lady in her confinement, at which time the bronchial affection, under which she labored, was somewhat aggravated by the occasion; she, however, regained her ordinary degree of health, but the bronchial disease still continued.

During an absence abroad, in 1851, this lady passed under the care of another physician, who continued to attend her until within a short time of the above period. An examination

of Mrs. M.'s case, at this time, revealed follicular disease of the pharyngo-laryngeal membrane, œdema of the epiglottis, with ulceration of the sub-tonsillary fossæ, attended with almost complete aphonia. The physical signs present indicated extensive bronchitis of both sides of the chest. The cough was very severe, and large quantities of a ropy, adhesive expectoration—sometimes muco-purulent in its character—were daily discharged. All these symptoms had become much aggravated during the few months which preceded her visit to me.

The treatment was first directed to the throat and larynx. Applications of a strong argentine solution was made to the fauces, about the epiglottis, and into the larynx, every second or third day, for several weeks.

Under this treatment, the ulcerations of the fossæ were healed, the inflammation and œdema of the epiglottis subdued, and the patient's voice restored, but the bronchial disease continued.

March 7th—The tube for the first time was passed down the trachea, and a drachm or a drachm and a half of the solution injected into the bronchi. These operations, with the occasional application of the sponge-probang to the fauces and larynx, were continued until the 6th of April, when the patient was dismissed cured.

February 3d, 1856—Have seen Mrs. M. to-day. She has had, since her treatment, and still enjoys, a good degree of health.

IV.—Cases of Spasmodic Asthma Treated by Bronchial Injections.

In the recent valuable work of Prof. Watson, of Glasgow, "On the Topical Medication of the Larynx," he has reported several cases of spasmodic asthma, as having been successfully treated by means of topical applications of the nitrate of silver to the larynges of his patients. The following case will be read with much interest.

CASE X.—"A lady,* above middle age, had for several years been the subject of chronic bronchitis, when suddenly,

* On the Topical Medication of the Larynx in Certain Diseases of the Respiratory and Vocal Organs. By Eben Watson, M.D., &c. p. 133 et seq.

and without any very apparent cause, she was seized with a marked attack of spasmodic asthma, and after a short but severe illness, she found her former symptoms importantly changed. The violence of the cough was diminished, but it came on in fits of a rapid succession of short coughs; the expectoration was not so profuse as formerly, but the dyspnoea, which preceded and accompanied the fits of coughing, was so great as to oblige her to maintain the sitting posture day and night. I need not add that her face had a livid color and most anxious expression, and that her extremities were apt to become cold. The physical signs corresponded with the general symptoms of disease.

The percussion sound was less clear than natural, the respiratory murmur was feeble and obscured by loud bronchial and consonating râles, and it was entirely absent for a short time during each paroxysm. Its restoration was ushered in by a long stridulous inspiration and loud sonorous ronchi throughout the chest.

Here, then, was a case of chronic bronchitis ending in asthma; and there can be no doubt that the glottis was very much affected by the spasmodic contraction which characterizes that disease. If anything is wanted to prove this, it is to be found in the nature of the treatment which was successfully employed in combatting the disease. For, with the exception of a few blisters, to counteract the bronchial inflammation, and some anodyne draughts to procure ease and gain time, the only remedial means used were topical applications of a solution of caustic to the glottis. In three weeks the patient was free from all asthmatic tendency, the bronchitis remaining little changed from what it had been for years previously; and it is worthy of remark, though I do not wish to build anything upon it, that no return of the asthma has occurred since the one attack just mentioned, which happened fully two years ago."

The employment of injections of a solution of nitrate of silver, instead of the sponge-armed probang, in the treatment of diseases of the air-passages, is only a more extended application of the same remedy to the remoter diseased parts.

When the morbid action is limited to the glottis and larynx, the appropriate medication of these localities will be sufficient

to arrest the disease ; but who does not perceive, in this case of Dr. Watson's, that, if the bronchial membrane had been injected by the same solution that was successfully applied to the affected larynx, the chronic disease of this tissue might also, in all probability, have been arrested. In the last edition of my work on Diseases of the Air-passages, several cases of spasmodic asthma are recorded, in the treatment of which cauterizations of the larynx were employed with complete success. The following is one of these cases :

CASE XI.—Mr. B.,* aged forty-seven, from Ohio, came under my care in 1847. He was laboring under an aggravated form of asthma, which had affected him for years. The disease was accompanied, and indeed had been preceded, by a chronic inflammation of the muciparous glands of the pharyngo-laryngeal membrane. At first, the attacks of asthma occurred at irregular intervals, a period of many weeks sometimes intervening between the paroxysms. At the time of my first seeing the patient, the fits of the disease had attained a frequency and a severity such as to deprive him of all enjoyment, and at times, almost to destroy life. For many months preceding his visit to New York, the paroxysms came on during every night, at almost the same hour, and continued, with the greatest severity, for a period of from two to four hours, and, in many instances, such was the oppression of the chest, that his life was despaired of by his friends. This was the case the night after his arrival in the city. The attack came on at two o'clock, the usual hour, and continued, with unusual severity, until six o'clock in the morning. I saw him for the first time the following day, and found him very feeble, and still breathing with considerable difficulty. As all the ordinary remedies, I found, had been employed in his case unsuccessfully, it was proposed at once to cauterize the larynx with the nitrate of silver.

The patient expressed his fears that the application would produce an immediate return of the spasm, as it was now not unfrequently brought on by inhaling dust, and even, in some instances, by an attempt to swallow food or liquids. The

* A Treatise on Diseases of the Air-Passages. p. 289 et seq.

pharynx and fauces were, however, cauterized, with a strong argentine solution, and as no very great irritation was induced by this measure, the sponge saturated with this fluid was soon after passed freely into the larynx. A moderate degree of spasmodic action of the glottis, and a severe fit of coughing, followed this last operation, but these quickly subsided, and the patient's respiration was performed with more freedom soon after the first application.

The return of the usual hour for the occurrence of the paroxysms was watched with considerable anxiety, by the patient and his friends, but he passed a very comfortable night, with only some cough and a slight difficulty of breathing, which came on for a short time, at the hour of the expected paroxysm. The next day the larynx and the trachea were again cauterized; and this operation was repeated daily, for two weeks, but after the second application, there was no return whatever of the paroxysms of asthma.

The patient remained several weeks in the city, and exposed himself, in various ways, in order, as he declared, "to test the cure," but returned to his home in Ohio without a recurrence of the disease.

One year after his treatment, this gentleman being in New York, called at my office, in good health, and stated that he had had no return of his asthmatic symptoms, except in one instance, when, having been exposed to inclement weather, he had suffered, for one night, from a slight attack of his difficulty; but a single application of the nitrate of silver to the larynx, which his family physician had learned to make, arrested perfectly the disease.

Since the publication of the above case, and others of spasmodic asthma, which are recorded in the same work, I have treated many other patients affected with this disease, and in most instances with gratifying success; but, whenever the disease is complicated with bronchitis, (and this is frequently the case,) this form of the affection is arrested with much greater certainty, if the topical medication of the larynx is followed by the employment of bronchial injections, as the following case will illustrate.

CASE XII.—December 25th, 1854, I was consulted by Mrs. A., of Ohio, regarding her case, which was one of long standing, and of much severity. Her physician, an intelligent and experienced practitioner, accompanied her, and was present at the first examination, and remained in town to observe the subsequent treatment of her case.

Mrs. A. had been affected several years with chronic folliculitis of the pharyngo-laryngeal membrane, and with enlarged and diseased tonsils.

Auscultation revealed signs of extensive bronchitis, with pulmonary emphysema. Slight dulness, under the right clavicle, was found on percussion, with rude respiration. The patient was feeble and emaciated. She had a severe cough, with constant dyspnoea, and large muco-purulent expectoration. But the most troublesome and harassing feature of her complaint was the occurrence, nightly, of a severe and distressing attack of spasmodic asthma, so severe as to deprive her entirely of sleep during the whole night. It was only after the appearance of daylight, by being supported in a sitting posture, that a brief period of repose could be obtained. These attacks had continued to occur for several months every night, and with great regularity. All the ordinary remedies, Dr. P. informed me, had been employed in the management of the case, without obtaining any material alleviation of the symptoms.

In commencing the treatment of Mrs. A.'s case, the enlarged and diseased portions of the tonsillary glands were removed; applications of a strong solution of the nitrate of silver were made, daily, to the pharyngo-laryngeal and tracheal membrane. The iodide of potassium, in a decoction of polygala senega, together with anti-spasmodics, was internally administered. The cough and expectoration were somewhat diminished under this treatment, but the periodic attacks of asthma were in no degree relieved.

On the 4th of January, instead of employing the sponge-probang, the elastic tube was introduced, and one drachm and a half of the nitrate of silver solution injected into the bronchi. These operations with the tube, alternating them with the use of the probang, were continued until the fifteenth of the month, when the patient left the city for her home in Ohio.

After the second operation of catheterism in Mrs. A.'s case, the severity of her symptoms was considerably diminished. Her cough, expectoration, and difficulty of breathing, were all improved; and several nights before leaving the city, she slept quietly all night, without any return of the paroxysms of asthma.

Mrs. A.'s physician, who had remained during this time in New York, and had observed the progress of her case, accompanied her home, and continued the treatment. She has since, as he writes me, quite recovered.

I shall finish these observations by the report of one case, which cannot fail to be of interest, in which catheterism of the bronchi, although apparently indicated, failed entirely of affording relief. This case was seen by many physicians of this city, who, during the progress of the treatment, watched with much interest its effects upon the patient.

CASE XIII.—October 23d, 1854, Mrs. A., aged thirty-eight, of this city, consulted me about her case. She has suffered several years from laryngeal and bronchial disease, coughs much, and expectorates largely an adhesive mucus. Is subject to occasional attacks of spasmodic coughing, accompanied by difficult, or asthmatic breathing, which at times is very severe.

Mrs. A. is thin and pale, has a narrow chest, and a phthisical aspect. She has no aphonia, yet there is something peculiar in the sound of her voice, and her cough is ringing and dry at first, but expectoration follows, after coughing hard, for a time.

Bronchial râles are heard over the whole chest, but are most prominent in the left side. It is also slightly flat, directly under the clavicle of this side.

She has night perspirations, and the expectoration has been often tinged with blood. The mucous membrane of the throat is inflamed and covered with enlarged follicles, and the uvula elongated.

That plan of treatment which appeared to be plainly indicated by the above symptoms, was adopted. The uvula was truncated; the iodide of potassium, in a decoction of senega,

was administered, and a course of cauterizations of the pharyngo-laryngeal membrane entered upon, with the intention, not only of improving these localities, but for the purpose of preparing the parts for the use of the bronchial tube.

After the occasional application of the sponge-probang, for a period of two or three weeks, the injections were used with the confident expectation that benefit would follow their employment as it had, in other similar cases. But the paroxysms of coughing, and other severe symptoms, were in no degree mitigated by this form of medication.

On the 3d of January, after a violent fit of coughing, she expectorated a scab, with an irregular border, about half an inch in diameter, which had every appearance of having come from an ulcerated surface, for the edge of the scab, on one side, was bloody, as if recently separated from its attachment. The patient declared that it came "from the wind-pipe," and she could place her finger on the point, just above the sternum, where she was positive it came from; for it was loosened, she affirmed, several hours before she could detach it, and occasioned an incessant and violent coughing until it was thrown off. The cough and expectoration continued after this, but the paroxysms for a time were not quite so severe. They occurred, however, again, and soon became as distressing as ever, and after a few weeks another scab, resembling perfectly the former one, was coughed up.

It was now proposed to cauterize the spot, by passing the sponge-armed probang (which had before only been introduced into the larynx) through the trachea down to its bifurcation. This operation I succeeded in accomplishing. It was repeated two or three times a week, for several weeks. Under this treatment Mrs. A. improved rapidly. No perfectly-formed crust was thrown off after these applications to the trachea were commenced; several small portions were, from time to time, discharged, but the paroxysms of cough became less and less, the expectoration diminished in quantity, and the patient improved constantly in health and strength, and is at this time in the enjoyment of a good degree of health, having had no treatment for the last six months.

In this case, the application of the solution to the irritated

bronchial membrane, was of no advantage, apparently, while the local ulceration, on which it probably depended, was progressing.

It would not be difficult to select many other cases, the details of whose history, and the result of whose treatment, would be fully equal in interest to any of those which have been given. But, in making this selection, I have aimed to report those cases which have been, and are, well known to other medical men, by whom, in most instances, the patients have been committed to my care.

The Immediate Effect of the Operation of Catheterism of the Air-Passages.

It is perhaps unnecessary for me to repeat here, what I have insisted upon from the very commencement of my recommendation of topical medication—that this operation of introducing the tracheal tube, as well as that of the sponge-armed probang, into the larynx and trachea—an operation difficult of performance, under the most favorable circumstances—cannot be accomplished, “and it should never be attempted, until the parts implicated are thoroughly *educated* by the necessary preparatory operations. These operations consist in cauterizing, successively, the pharynx, the opening of the glottis, and the larynx, for several days, (even for weeks, if necessary,) before the introduction of the injecting tube into the trachea and bronchi.”

In an excellent work recently published in Paris, by M. Sestier, on oedematous laryngeal disease, ten cases of oedema of the glottis or of the larynx are reported, in which a gum elastic sound was introduced into the larynx and trachea, and retained there for a longer or shorter period, through which the patients were enabled to respire, thereby preventing suffocation, until, in several instances, the disease was overcome, and the lives of the patients saved.

The introduction of the sound, under these circumstances, M. Sestier remarks,* produced some degree of pain, and a sudden,

* *Traite de l'Angine Laryngale Oedemateuse.* p. 390 et sequor.

violent cough. But these symptoms very soon subsided, and they became much less marked at each subsequent introduction of the sound, whenever it became necessary to withdraw the instrument, in order to cleanse it, or for any other purpose.

All violent symptoms, however, may to a great degree be prevented, ordinarily, by adopting the preparatory course I have recommended. Should a spasm of the glottis occur, as this may happen, notwithstanding every precaution, the operator should withdraw the tube at once, and delay all further attempts until the irritation has entirely subsided.

The immediate effect of tracheal injections on the disease, has in many instances been quite remarkable. In bronchial disease, and in the earlier stages of tuberculosis, the effect of the first injection, in most cases, has been to diminish the expectoration, and greatly to lessen the cough.

In a few cases, the operation has produced a spasm of the glottis, which has been followed by severe coughing, dyspnoea, and increased bronchial irritation, that has lasted for twelve or twenty-four hours. But, I have never known a case of this kind in which any injury has ultimately followed. On the contrary, some cases have appeared to be greatly benefitted by this operation when thus severe. This was especially the result in the case of Miss H., a young lady of this city, aged seventeen, who had been recommended to my care by her friend, Dr. Cracour, of New Orleans. She had suffered several years from chronic, bronchial disease, had been subjected to much medical treatment, without obtaining any permanent relief.

In September, 1854, she came under my care. The ordinary signs of bronchitis were very marked. Topical applications of the nitrate of silver solution were made to the glottis and larynx, and the general remedies, heretofore recommended in such cases, were administered. This course of treatment was continued several weeks, without producing any decidedly beneficial effect upon the patient.

At this time, Dr. Cracour being in the city, I saw the patient on several occasions, in consultation with this gentleman, who advised a further perseverance in the plan of treatment, but suggested the employment of catheterism of the bronchi, (an

operation he had seen performed in similar cases several times upon my patients,) if the present measures should be unsuccessful after a farther trial.

But her disease continued to resist the influence of those measures which had proved quite successful in the management of other apparently similar cases. On the 7th of November, therefore, the bronchial tube was with some difficulty introduced, and nearly a drachm of the solution injected into the bronchi. An unusual amount of irritation followed this operation.

The introduction of the tube induced a spasm of the glottis; the patient coughed severely, and complained, while she remained in the office, of pain in the larynx and bronchi. She, however, left soon after the operation for her house in the upper part of the city, but did not return for any further treatment. The subsequent history of her case has since been obtained from herself and her mother.

The cough and bronchial irritation continuing, after her return home, the patient and her friends became alarmed, and called in their ordinary medical attendant, who, in turn, called in a consulting physician, but both concluded to do nothing, for the irritation gradually subsided, and, along with it, the alarm of the patient and her friends; and, still better, the cough and bronchial disease, which had so long and so obstinately resisted other measures, entirely disappeared; and the young lady has continued in good health up to the present time.

I have before stated that a spasm of the glottis will occasionally occur on the introduction of the tube, although great pains may have been taken to prepare the parts, by previous training. This is more likely to take place in persons of a nervous temperament, or when much excited, as patients sometimes are, at the idea of having an instrument passed down the *wind-pipe*, or by having several strange physicians present at the time of the operation. If, on the occurrence of the spasm, the sound is not withdrawn immediately, the convulsive action extends, and we have both *laryngismus* and *trachelismus* quickly produced, which will be followed by pain and soreness of the

muscles of the neck and chest, and increased tracheal and sometimes bronchial irritation.

In the earlier period of this form of local treatment, I was accustomed to persevere in the operation (although a spasm might occur) until the process was completed. But this should not be done; and, had I followed the rule in the above case, which I have since adopted, namely, to remove the tracheal tube at once, when a spasm arises, and to delay the operation until all irritation has subsided, the disturbance which followed in the case of Miss H. would have been avoided.

If we analyze the *one hundred and six* cases reported in the following table, it will be found that *seventy-one* of the sum total have been recorded as cases of *tuberculosis*. Of this number, *thirty-two* were considered cases of *advanced phthisis*—cases in which tubercular cavities were recognized in one or both lungs, and *thirty-nine*, cases of *early phthisis*. Of the first division—advanced phthisis, *fourteen* have since died. *Twenty-five* were more or less improved, their lives being apparently prolonged by this means of medication. *Seven* only of the *thirty-two* cases of advanced phthisis were not benefitted by the injections.

Of the *thirty-nine* cases of *incipient tuberculosis*, *twelve* of this division have apparently recovered. *Five* more of this number are now, or were at the last report, in the enjoyment of a good degree of health. These five cases were classed by Dr. Richards with the twelve recoveries, making *seventeen* in all. But, as there is more doubt respecting the cases of these five than of the first twelve, I have not retained them in the class of cases cured.

With respect to the above twelve cases, I say *apparently* cured; for, although the appearance of these patients, as manifested both by the physical and rational signs, is indicative of an ordinary degree of health, yet, in a disease like that of tuberculosis, every medical man is aware that one year is a period too brief to speak decidedly with regard to the positive and final result.

Of the remaining *twenty-two* cases, many of whom are still under treatment, *seventeen* have been greatly improved by topical medication; *three* more have been moderately benefitted;

while *three* only have failed to obtain any advantage from the local measures which have been adopted.

Of the *twenty-eight* cases of *bronchitis*, *sixteen* have been dismissed cured, or so much improved as to require no further treatment. All the others have been greatly benefitted, although some are still under treatment.

Bronchial injections have been employed in six cases of asthma only. In the treatment of this disease, the application of a solution of the nitrate of silver, by means of the sponge-armed probang, to the larynx, will in most cases, it has been found, prove more certain and efficient in its effects than catheterism of the air-passages. Hence, in nearly all the cases of this disease which have come under my observation, they have been treated by direct applications of the caustic solution to the larynx and trachea. It was only when this disease was complicated with bronchial inflammation that the flexible tube was employed.

The six cases of asthma recorded in the table were all complicated with bronchial or pulmonary disease. In all except one the disease was removed by the use of bronchial injections. The single case not fully restored was that of a lady from Ohio, who left greatly benefitted, after three applications only of the injecting tube.

Statistical Table of One Hundred and Six Cases of Pulmonary Disease, Treated by Bronchial Injections, between October, 1854, and December, 1855.

Date.	No.	Sex.	Age.	Residence.	Occupation.	Form of Disease.	Duration prior to treatment.	Duration of treatment.	First effect of treatment.	General Results.
1854. Oct.	1	Female.	30	Long Island.		Advanced Phthisis.	1 year.	3 mos.	Improved.	For several weeks the patient was much improved, but died after a few months.
"	2	Male.	25	Brooklyn, N. Y.	Goldsmith.	Phthisis following fol- liculitis.	3 years.	2 mos.	"	First six months remained nearly the same, but then gradually declined, and a few months later died.
"	3	"	46	N. Carolina.	Physician.	Phthisis, complicated with bronchitis.	2 years.	1 mo.	"	Did not improve during the first three months, but was improved rapidly. Recovered. Has since been constantly engaged in practice.
"	4	"	28	Harlem.	Builder.	Phthisis.	1 year.	8 mos.	"	Was greatly benefited by treatment—able to attend business until this Winter. Advised to go South.
"	5	"	25	New York.	Hotel keeper.	Phthisis.	6 months.	3 mos.	"	Improved a little at first, but died subsequently.
"	6	Female.	25	"	"	Phthisis.	6 months.	2 mos.	"	Left without being improved.
"	7	Male.	28	San Francisco.	Broker.	Laryngeal phthisis.	9 months.	2½ mos.	Improved.	Greatly improved. Left for California, apparently well.
"	8	Female.	20	New Jersey.		Phthisis following fol- liculitis.	18 months.	2 mos.	"	Left much improved.
"	9	Male.	40	New York.	Machinist.	Bronchitis with bron- chial dilatation.	6 years.	12 mos.	"	Greatly improved. Was nearly well, when an at- tack of fever increased his malady. Again im- proved, and left for Mexico.
"	10	"	30	Brooklyn.	Merchant.	Laryngeal phthisis.	1 year.	8 mos.	"	Much improved by treatment.
"	11	Female.	36	New York.	"	Phthisis, with small cavity in right lung.	3 years.	9 mos.	"	This lady, when first seen, with her attending phy- sician, was confined to her bed. She has quite recovered.
"	12	"	40	New Orleans.		Bronchitis.	10 months.	1 mo.	"	Greatly benefited. Left for home, feeling quite well.
"	13	Male.	25	W. New York.	Farmer.	Bronchitis, complica- ted with phthisis.	6 months.	1 mo.	"	Improved under treatment. Obligated to return home.
"	14	"	45	Connecticut.	"	Advanced phthisis.	2 years.	2 mos.	Not improved.	Left without any decided improvement.
Nov.	15	Female.	35	New York.	Wid. phys'n.	Advanced phthisis.	18 months.	3 mos.	Improved.	Improved for a time, but disease continued. Died.
"	16	"	32	Orange Co.	"	Advanced phthisis.	4 years.	2 mos.	"	Greatly improved, and continues so.
"	17	"	36	New York.	"	Advanced phthisis, complicated with syphilis.	1 year.	1 mo.	Not improved.	Died following Winter.
"	18	"	20	Poughkeepsie.	"	Bronchitis, with signs of tubercles in one lung.	1 year.	1 mo.	Improved.	Entirely recovered.
"	19	"	40	Niagara.	"	Severe bronchitis, with emphysema.	20 years.	6 mos.	"	Was greatly improved by the treatment. Still continues improved.

Table of One Hundred and Six Cases of Pulmonary Disease, Treated by Bronchial Injections.—(Continued.)

Date.	No.	Sex.	Age.	Residence.	Occupation.	Form of Disease.	Duration prior to treatment.	Duration of treatment.	First effect of treatment.	General Results.
1884.	20	Male.	25	Illinois.	Clerk.	Advanced phthisis.	2 years.	8 mos.	Improved.	Much improved. Left for the South, got worse, and died.
"	21	Female.	30	New York.		Laryngeal phthisis, with asthma.	3 years.	12 mos.	"	Had ulcerations of trachea. Greatly improved by cauterizations of the part. Remains better.
"	22	Male.	28	Massachusetts.	Builder.	Incipient phthisis.	1 year.	8 mos.	"	Recovered.
"	23	"	"	Virginia.		Phthisis, with apoplexia.	1 year.	2 mos.	"	For a time improved, but not permanently. Gone South for the Winter.
"	24	Female.	17	New York.		Severe bronchitis.	5 years.	1½ mos.		Improved slightly under use of sponge-probing, which was continued twice a week for six weeks; then one injection was employed, followed by great bronchial irritation, after which the patient recovered perfectly.
"	25	Male.	27	Ohio.	Banker.	Phthisis, with bronchitis.	6 months.	2 mos.	"	Was greatly benefited. Returned home after two or three weeks, appearing quite well. Got worse in the Fall, returned, and was again much improved by treatment.
"	26	Female.	25	New York.		Phthisis.		2 mos.	"	Recovered the same.
"	27	Male.	30	"	Tailor.	Bronchitis, with bronchial dilatation.	1 year.	4 mos.	"	Dismissed cured.
Dec.	28	"	40	Virginia.	Professor of Law.	Bronchitis, complicated with tubercles.	9 months.	1 mo.	"	Dismissed cured.
"	29	"	50	Maine.	Surveyor.	Advanced phthisis.	1 year.	1½ mos.		Improved for a time, and returned home, and died some months after.
"	30	"	30	Kentucky.	Merchant.	Advanced phthisis.	1½ years.	1 mo.	Greatly impr'd for a time.	Not improved ultimately.
"	31	"	40	New York.	Blacksmith.	Advanced phthisis.	3 years.	8 mos.	Impr'd at first.	Died in the Spring.
"	32	"	34	"	Mechanic.	Bronchitis.	5 years.	4 mos.	Improved.	Continues much improved.
"	33	"	45	Connecticut.	Farmer.	Bronchitis, with tubercles.	2 or 3 yrs.	2 mos.	"	Returned home. Got worse the following Spring, and died.
1885.	34	Female.	20	Ohio.		Bronchial asthma.	2 years.	1 mo.	"	Returned. Treatment continued by her physician; and she ultimately recovered.
Jan.	35	Male.	35	New York.	Merchant.	Phthisis.	2 years.	1 mo.	"	Fourth operation produced severe spasms, and patient died.
"	36	"	50	Indiana.		Phthisis.	3 years.	2 weeks.	"	Returned to Indiana greatly improved. Not heard from since.

Table of One Hundred and Six Cases of Pulmonary Disease, Treated by Bronchial Injections.—(Continued.)

Date.	No.	Sex.	Age.	Residence.	Occupation.	Form of Disease.	Duration prior to treatment.	Duration of treatment.	First effect of treatment.	General Results.
1855.										
Jan.	37	Female.	42	New Jersey.		Laryngitis, with bronchitis.	2 years.	3 mos.	Improved.	Remained nearly the same through Summer. Gave up the present Winter.
"	38	"	30	Choctaw Nat'l.	Teacher.	Phthisis.	1½ years.	3 mos.	"	Left for Arkansas greatly improved.
"	39	"	38	Connecticut.		Laryngitis, with bronchitis.	4 years.	3 mos.	"	Continues greatly improved.
Feb.	40	Male.	20	Kingsdon, N. Y.	Merchant.	Phthisis.	4 years.	2 mos.	"	Recovered.
"	41	"	30	New York.	Broker.	Advanced phthisis.	2 years.	3 mos.	"	Improved under treatment. Went South. Died in some months after.
March	42	Female.	20	Wheeling, Va.	Student.	Phthisis.	1 year.	2 mos.	"	Left for home greatly improved. Not heard from.
"	43	"	25	Connecticut.		Advanced phthisis, with aphonia.	Unknown.	1 mo.	"	Regained voice, and left much improved. Not heard from.
"	44	"	43	New York.		Bronchitis, with asthma.	5 or 6 yrs.	2 mos.	"	Recovered.
May.	45	Male.	28	Vermont.	Physician.	Phthisis.	2 years.	2 mos.	"	Ultimately not much improved.
"	46	"	26	New York.	Farmer.	Advanced phthisis.	1 year.	2 weeks.	"	Not improved ultimately. Died.
"	47	Female.	54	"	"	Bronchitis with asthma.	5 mos.	2 mos.	"	Much improved at first. Went home and died.
April.	48	Male.	28	Maine.	Physician.	Advanced phthisis.	6 months.	1 mo.	"	No permanent improvement.
"	49	Female.	30	"	"	Advanced phthisis.	1 year.	2 mos.	"	Left for the country greatly improved. Continued better for several months. Got worse the following Winter, and died.
"	50	Male.	48	Minnesota.	Merchant.	Advanced phthisis.	1 year.	3 mos.	Much improv'd	Left for the country greatly improved. Continued better for several months. Got worse the following Winter, and died.
"	51	"	30	New York.	"	Advanced phthisis.	2 years.	3 mos.	"	Greatly improved. Spent the following Summer at Lake Superior, and returned the present Winter.
May.	52	"	45	"	"	Advanced phthisis.	18 months.	4 mos.	"	Has continued greatly improved since the occurrence of cold weather.
"	53	"	26	Maine.	Mechanic.	Phthisis.	6 months.	¼ mo.	"	Returned home much improved. No report since.
"	54	"	25	Utica.	Merchant.	Phthisis.	1 year.	4 mos.	"	Left in apparent health. Not since heard from.
"	55	Female.	26	Haverstraw.	"	Advanced phthisis.	2 years.	2 mos.	Improved.	Appeared better for some time under treatment.
"	56	"	22	Indiana.	Farmer.	Advanced phthisis.	1 year.	1 mo.	Much improv'd	Went home, and died several months after.
"	57	Male.	20	Virginia.	Student.	Advanced phthisis.	1 year.	2 mos.	"	Left for Indiana greatly improved. No report since.
"	58	"	40	"	"	Phthisis.	2 years.	1½ mo.	"	Went home much better. Since heard he is still not much improved ultimately. Nearly the same at last report.
"	59	"	30	"	Planter.	Advanced phthisis.	1½ years.	1 mo.	Improved.	Was greatly improved, and still continues better.
"		"		"	"	Phthisis.	1½ years.	1 mo.	Much improv'd	

Table of One Hundred and Six Cases of Pulmonary Disease, Treated by Bronchial Injections.—(Continued.)

Ink.	No	Sex.	Residence.	Occupation.	Form of Disease.	Duration of treatment.	Duration prior to treatment.	First effect of treatment.	General Result.
1855.									
May.	60	Female.	22 New York.		Advanced phthisis, with apnoea.	2 years.	1 mo.	Much improv'd.	Continues decidedly improved.
"	61	Male.	28 " "	Carpenter.	Bronchitis, with apnoea.	1 year.	6 mos.	" "	Cured.
June.	62	" "	30 Canada.	Merchant.	Bronchitis, with apnoea.	2 years.	1 mo.	Improved.	Left nearly well.
"	63	" "	20 Brooklyn.	Mechanic.	Severe bronchitis.	1 year.	4 mos.	Much improv'd.	Cured.
"	64	Female.	35 Baltimore.		Advanced phthisis.	1 mo.	1 mo.	Not improv'd.	Left without improvement.
"	65	" "	19 New York.		Phthisis, with bronchitis.	2 years.	4 mos.	Much improv'd.	Dismissed apparently cured.
"	66	" "	" "		Advanced phthisis.	1 1/4 years.	1 mo.	Not improv'd.	Returned home not improved.
"	67	Male.	23 Pennsylvania.	Mechanic.	Phthisis.	1 year.	2 mos.	Improved.	Returned home greatly improved.
July.	68	Female.	28 Virginia.		Phthisis.	2 years.	3 mos.	" "	Left much improved. Since writes she is well.
"	69	" "	26 Indiana.		Advanced phthisis.	1 year.	1 1/4 mos.	" "	Greatly improved. Cough nearly gone when leaving for home. Not heard from.
"	70	" "	45 Alabama.	Clerk.	Phthisis.	2 years.	1 mo.	Not improv'd.	But little change from the treatment.
"	71	Male.	26 Buffalo.		Advanced phthisis.	1 1/4 years.	4 mos.	Improved.	Was greatly benefited. Continued improved when last heard from.
"	72	" "	18 Long Island.	Student.	Advanced phthisis.	6 months.	2 mos.	" "	Much improved at first, but failed, and died four months later.
"	73	" "	30 Virginia.		Advanced phthisis.	3 years.	1 1/4 mos.	" "	Left much better. No report since.
Aug.	74	Female.	35 Connecticut.	Merchant.	Severe bronchitis.	10 months.	1 1/4 mo.	" "	Improved, and left for home.
"	75	" "	22 Massachusetts.		Phthisis.	1 year.	1 mo.	" "	Left greatly improved, and has so continued.
"	76	Male.	28 New Jersey.	Clergyman.	Phthisis, complicated with bronchitis.	1 year.	4 mos.	" "	Is greatly improved. Preaches every Sunday.
"	77	" "	32 Virginia.	Planter.	Advanced phthisis.	1 1/4 years.	2 mos.	" "	Returned home improved. No report.
Sept.	78	" "	23 Pennsylvania.	Farmer.	Severe bronchitis.	3 years.	1 mo.	" "	Left nearly well.
"	79	" "	52 Ohio.	Laborer.	Phthisis, with disease of the heart.	1 year.	12 days.	Not improved.	Died.
"	80	" "	35 New York.	Teacher.	Advanced phthisis, with mesenteric ulceration.	1 year.	1 mo.	No change.	Left, no better. No report.
"	81	" "	22 Alabama.	Student.	Advanced phthisis.	1 1/4 years.	1 mo.	Improved.	Improved slightly at first. Left, really no better. Since died.
"	82	" "	35 Sinton Island.	Merchant.	Phthisis.	3 years.	4 mos.	" "	Continues greatly improved.
"	83	Female.	24 Ohio.		Long-standing bronchitis, with asthma.	16 years.	2 mos.	" "	Had only three injections, but has much improved.

Table of One Hundred and Six Cases of Pulmonary Disease, Treated by Bronchial Injections.—(Continued.)

Date.	No.	Sex.	Age.	Residence.	Occupation.	Form of Disease.	Duration prior to treatment.	Duration of treatment.	First effect of treatment.	General Results.
1856. Oct.	84	Female.	—	Florida.	—	Severe bronchitis, with emphysema, &c.	3 years.	2½ mos.	Improved.	Considerably improved under treatment.
"	85	Male.	32	Tennessee.	Saddler.	Phthisis, with aphonia	1½ years.	1 mo.	"	Left much better. Voice restored.
"	86	Female.	54	Massachusetts.	—	Phthisis, with aphonia two years.	2½ years.	3 mos.	"	Remains greatly improved. Voice partially restored.
"	87	"	35	New York.	—	Extensive bronchitis.	1 year.	3 mos.	"	Improved rapidly at first. Still occasionally treated.
"	88	Male.	30	Jersey City.	Custom of- ficer.	Severe bronchitis, with incipient phthisis.	6 months.	3½ mos.	"	Greatly improved. Quite well.
"	89	"	26	New Jersey.	Mechanic.	Bronchitis, with in- cipient phthisis.	6 months.	2½ mos.	"	Greatly improved.
"	90	"	26	Virginia.	Physician.	Bronchitis, with in- cipient phthisis.	1 year.	1½ mos.	"	Much improved. Went to Florida for the Winter.
"	91	"	30	New York.	Author.	Early phthisis.	2 years.	4½ mos.	"	Very much improved.
"	92	Female.	28	Virginia.	—	Early phthisis.	1½ years.	2 mos.	"	Left greatly improved.
"	93	Male.	28	Ohio.	Student.	Phthisis, compli- cated with epilepsy.	6 months.	1 mo.	"	Left much improved.
"	94	"	22	"	—	Bronchitis compli- cated with epilepsy.	10 years.	1½ mos.	"	Went home greatly improved.
Nov.	95	"	33	New York.	Conductor.	Advanced phthisis, with bronchitis.	4 years.	3 mos.	"	Is much improved.
"	96	"	30	Kingston.	Merchant.	Phthisis, with apho- nia.	2 years.	8 mos.	"	Still much improved. Voice restored.
"	97	"	28	New York.	Merchant.	Advanced phthisis.	1 year.	1½ mos.	"	Greatly improved.
"	98	"	25	"	Farmer.	Phthisis.	3 years.	2 mos.	"	Improved very much.
"	99	"	22	Florida.	Carpenter.	Advanced phthisis.	1 year.	1 mo.	"	Improved at first. Declined rapidly ultimately, and died last of November.
"	100	Female.	24	Brooklyn.	—	Severe bronchitis, with asthma.	2 years.	5 mos.	"	Cured.
"	101	"	35	New York.	Merchant.	Bronchitis.	2 years.	3 mos.	"	Greatly improved. Is quite well.
"	102	Male.	26	Kentucky.	—	Early phthisis, with bronchitis.	1 year.	2 mos.	"	Left appearing well.
"	103	Female.	19	Virginia.	—	Advanced phthisis.	2 years.	1 mo.	Not improved.	Left, not improved. No report.
"	104	Male.	66	New Jersey.	Merchant.	Bronchitis, with bron- chial aneurism.	2 years.	6 mos.	Improved.	Continues improved.
Dec.	105	"	25	New York.	Farmer.	Latent phthisis.	8 months.	10 days.	"	Improved. Obligated to return home.
"	106	"	30	Williamsburgh.	Teacher.	Phthisis, with aphonia	1 year.	1½ mos.	"	Greatly improved.

On the Treatment of Puerperal Convulsions. By B. FORDYCE BARKER, M.D. Read before the New York Academy of Medicine, December 5, 1855, and published by order of the Academy.

In the following paper, an attempt is made to formularize the treatment of puerperal convulsions, based on the pathology, as accepted in the present state of science. While the semeiology of this fearful complication of parturition has been familiar to the profession from the earliest ages of medicine, its pathology has only very recently been understood. Even M'Clintock and Hardy, who are among the latest of our standard authors on "Midwifery and the Diseases of the Puerperal State," say, "The pathology of puerperal convulsions, as well as of the other diseases in the nosological class to which it belongs, is a subject upon which we are in almost complete ignorance."

Hence its treatment has been purely empirical. The recorded statistics show that few diseases have been treated with so little success; 32 per cent. proving fatal where the attack has occurred before and during labor, and 22 per cent. where the convulsions have come on after labor.* There is no compli-

•	Before & During Labor.				After Labor.			
	Total.	Recover'd.	Died.		Total.	Recover'd.	Died.	
Mauriceau,	45	29	18	16	16	11	5	
Mad. La Chapelle,	27	23	16	7	4	2	2	
Desjardin,	7	5	5		2	2		
Velpeau,	21	12	8	4	9	5		
Smellie,	10	10	7	3			4	
T. Clarke,	19	17	12	5	2	2		
Lever,	14	12	8	4	2	2		
Robert Lee,	54	46	31	15	8	7	1	
Ramsbotham,	25	22	14	8	3	3		
Collins,	80	28	23	5	2	2		
M'Clintock & Hardy,	13	10	7	3	3	3		
TOTAL.	265	214	144	70	51	39	12	

Authors have differed as to the comparative mortality of convulsion occurring before and during labor, and those coming on after delivery. Mauriceau, Velpeau, Dugès, Nægele, Churchill, Murphy, &c., regard those cases which come on after delivery as much more amenable to treatment than those which occur before and during labor; while Smellie, Astruc, Tissot, Ramsbotham, and some others hold a contrary opinion. The table I have given above shows that 32 per cent. of those cases occurring before and during labor proved fatal, while only 22 per cent. died where the convulsions came on after delivery.—From an article by the writer, on the "Use of Chloroform in Puerperal Convulsions," *N. Y. Med. Times*, Vol. II., No. 9.

cation of labor which has been attended with such fearful mortality.

But the experimental researches of Majendie, Flourens, Marshall Hall, and other investigators, among whom our own Dalton should be mentioned as one of the most zealous and successful laborers, have entirely revolutionized the physiology of the nervous system. The pathology of the nervous system is consequently a new science ; and to Dr. Tyler Smith, in my estimation, we are more indebted than to any other author, for our advance in the right direction in developing the application of the new discoveries, to explain the phenomenon of the disease of the nervous system now under consideration.

We shall, therefore, first, briefly review the pathology of puerperal convulsions. All convulsions arise from some irritation of the true spinal system, which includes the spinal marrow within the theca vertebralis, the medulla oblongata, and the corpora quadrigemina. No irritation of the cerebral system—that is, of the brain and cerebellum, and that part of the spinal cord which conveys sensation and voluntary motor power to and from the brain—will produce convulsions. Puerperal convulsions differ in certain essential characteristics from all other forms of convulsions, the difference resulting from some peculiar condition of the nervous system, developed during the periods of gestation, parturition, and lactation.

Puerperal convulsions have been regarded and described by many authors as being of an epileptic character. But, as Prof. Murphy has clearly pointed out, while epileptic and puerperal convulsions nearly agree in the form of attack, they differ in the manner of their incursion and in the ultimate course they take. To quote from Dr. Murphy, "Epilepsy agrees with puerperal convulsions in—

1. Violent convulsions of the voluntary and respiratory muscles ;

2. Total loss of consciousness ;

3. Lividity of features from apnoea ;

4. Followed by temporary coma.

They differ from each other in the following characters :

In Epilepsy,

1. An aura precedes the attack ;

2. There is no hissing expiration ;
3. Fits return periodically, at long intervals ;
4. The paroxysms are seldom fatal ;
5. Epileptics usually give evidence of some preëxisting constitutional derangement.

In Puerperal Convulsions,

1. Symptoms of cerebral congestion precede the attack ;
2. Hissing expiration very characteristic ;
3. Fits return in rapid succession ;
4. The paroxysms are often fatal ;
5. The healthiest women are often attacked."

Other writers again, among the most prominent of whom is Dr. Ramsbotham, regard puerperal convulsions as being allied to apoplexy. But neither local congestion, nor the pressure on the brain resulting from serous or sanguineous effusion, will produce convulsions, unless the pressure be directly on the medulla oblongata. Stupor, stertor, coma, or paralysis, may result from apoplexy, but not convulsions. Apoplexy not unfrequently follows puerperal convulsions, but does not cause them. As Dr. Marshall Hall has clearly shown, the convulsive fit has the effect of interrupting the circulation—1st, by the direct pressure of the platysma-myoides on the blood returning from the brain ; 2d, by the spasm of the glottis impeding respiration, and preventing the passage of venous blood into the lungs ; 3d, by the pressure on the venous circulation of the extremities, the blood by the spasmodic contractions of all the voluntary muscles being forced too rapidly forward into the great central trunks ; 4th, by the increased pressure on the venous circulation in the uterus, in consequence of its more powerful contractions.

Puerperal convulsions also are caused by an exactly opposite condition from apoplexy, viz., anæmia. The final symptom in death from uterine hæmorrhage, is ordinarily convulsion. In animals killed by blood-letting, convulsions occur during the act of dying. So where there is a deficiency of nutrient blood in the system, the exhaustion of the vital powers from labor may have the same effect in producing convulsions as extreme hæmorrhage.

The causes of puerperal convulsions are divided by Dr. Tyler Smith into the *centric*—those that act directly upon the true spinal centres, and the *eccentric*—or those that act indirectly, through the agency of some distinct organ, upon the spinal system.

The centric causes are—

1. Pressure upon the medulla oblongata from congestion, from coagula, or from serous effusion within the cranium ;

2. Anæmia, or deficient nutrition of the spinal system ;

3. Toxæmia, or an impure condition of the blood.

Dr. Tyler Smith also includes emotional causes ; but irritation of the brain from shock can only act indirectly, or in a reflex manner.

The investigations of late years seem to prove that toxæmia is the most frequent of the direct causes. In a large proportion of cases, the albumen is drained from the blood in the urine, while the urea is left. Thus in nine cases, reported by Dr. Geo. T. Elliot, albuminuria existed in seven, and the experience of other observers, is very nearly the same. The presence of urea in the blood in these cases has been conclusively demonstrated.

In a recent case, occurring in the practice of Dr. Sayre, the blood, after standing, emitted a strong uric odor ; and on evaporation, it was found loaded with the various crystals of urea.

The *eccentric* causes of puerperal convulsions are morbid excitation of the peripheral nerves of any of the vital organs, and irritation of the brain from shock. Their order of frequency is as follows, basing the order on a careful analysis of all the recorded cases of puerperal convulsions accessible to me.

1st. Irritation of the incident spinal nerves of the uterus and uterine passages ;—as from distention from the liquor amnii ; pressure of the foetal head on the cervix uteri and vagina.

2d. Irritation of the incident spinal nerves of the rectum ;—as from accumulation of fæces, &c.

3d. Irritation of the brain from shock, joy, terror, &c.

4th. Irritation of the gastric and intestinal branches of the pneumogastric nerve,—as from indigestible food, &c.

5th. Irritation of the incident spinal nerves of the bladder, as from retention of urine.

In puerperal convulsions we have ordinarily a combination of one of the centric with one or more of the eccentric causes. Thus, irritation of the nerves of the uterus or of the uterine passages, the most common of the eccentric causes will rarely produce convulsions unless there is either hyperæmia, anæmia, or toxæmia.

The above condensed exposition of the pathology of this disease was deemed necessary in order to philosophically discuss the treatment.

TREATMENT—*Prophylactic.*

M'Clintock and Hardy have well remarked, it is a most happy circumstance that, in a disease so justly dreaded and so full of danger as puerperal convulsions, there very generally exists some precursory symptoms of a sufficiently obvious character to lead one to anticipate its attack, and by the timely use of proper remedies, to prevent it altogether, or materially lessen its violence. Warnings of this kind are very seldom absent, although they are not always equally striking or manifest. The most constant of these premonitory symptoms are headache, varying in kind and degree, but generally of a dull, obtuse, or tensive character, and liable to be increased on exertion, particularly on stooping; an œdematous condition of the face and upper extremities, most visible soon after rising in the morning; a furred tongue, and sluggish state of the bowels. At the present day, every intelligent physician, on finding œdema of the face and hands would test the urine for albumen. If, in addition to the symptoms above enumerated, there were vertigo, tinnitus aurium, flashes of light before the eyes, *muscæ volitantes*, temporary loss of vision or of consciousness, flushed face, pain at the epigastrium, and an albuminous state of the urine, active prophylactic treatment should be at once commenced. If the patient is plethoric, or there is excited vascular action, venesection should be resorted to. The bowels should be freely evacuated, and kept in a soluble state. Indeed, all the depuratory functions ought, during gestation, to be increased; as the debris of the foetal, as well as the maternal system, have to be eliminated by the organs of the mother.

The following combination I have found of great value in these cases, after venesection, and, indeed, in some instances, as a substitute for blood-letting: *R* James' powder, grs. iv; sodæ bicarb., grs. iij; *p.* digitalis, gr. j; *M.*—to be given three times a day. In addition, the patient should be placed on a restricted diet, the bowels should be kept well opened, and she should be encouraged to take as much out-of-door exercise as possible.

Unfortunately, the medical attendant frequently does not see the patient until labor comes on. The signs which should then awaken the attention of the vigilant physician are great restlessness and impatience, especially at each recurrence of pain, so that it is with great difficulty the patient can be restrained from flinging and tossing herself about; the manner is often changed, and unlike what is natural to her. "At other times, there will be temporary loss of consciousness, described by the nurse as a faint. Rigor and headache are frequent concomitants at this time, and the pulse is generally found to be uncommonly slow or considerably quickened." The physician should now carefully seek to ascertain the centric and eccentric causes of this condition, and to remove these by well-selected prophylactic measures. If there is evident hyperæmia, as shown by the strong, full, bounding pulse, venous turgescence of the face and neck, the hot skin, the flushed face, and the injected conjunctivæ, venesection should be promptly resorted to. But a careful discrimination should be exercised between the pulse of irritation, evidence only of nervous excitability, but generally accompanied with a hot skin, and flushed and turgescient face. If any of the eccentric causes are found to exist, as improper food in the stomach, it should be removed by an emetic of sulphate of zinc. But an emetic should never be given in a threatened attack of puerperal convulsions, without absolute proof of its necessity, and rarely until after venesection; as the very act of vomiting might produce cerebral congestion. If the intestines are loaded, they should be at once freely evacuated. But the method of accomplishing this is a matter of the greatest importance. The irritation of the intestinal canal by drastic cathartics, may be a most powerful reflex excitant of convulsions. There is little difference be-

tween irritant drugs and irritant fecal matter. A copious enema of warm soap and water, to which one or two ounces of castor oil may be added, acts almost immediately, without irritating the bowels. The state of the bladder should be carefully examined, and, if necessary, the catheter should be used. But the great source of reflex irritation causing the convulsions is the uterus. The discriminating physician will readily decide when the liquor amnii should be evacuated by rupturing the membranes. This accomplishes for the uterus what an enema effects for the rectum. The distension of the organ is removed, diminishing its size and the quantity of blood circulating in it. But the great prophylactic measure, after all, is the use of *chloroform*. It has been supposed by many that a tendency to cerebral congestion contra-indicates the use of chloroform. But, on the contrary, sound reasoning and clinical experience conclusively show, that a tendency to cerebral congestion in parturition is a decided indication for the use of chloroform. By its use, the spasmodic contractions of all the voluntary muscles, which contribute so essentially to force the blood to the head, is overcome. The contraction of the platysma-myoides, the pressure of which prevents the return of the blood from the head, is also overcome; and, lastly, the tendency to spasm of the glottis, which impedes respiration and prevents the passage of venous blood into the lungs, is prevented. After inhalation of chloroform, I have repeatedly seen the swollen, flushed face become calm and tranquil, the bounding, rapid pulse become soft and natural, the hot skin become cool, and the patient, who was before restless and irritable, tossing about from one side of the bed to the other, during the recurrence of each pain, now lying in apparent sweet repose, while the uterine contractions were still going on with the utmost regularity. Were it not that this paper would thus be made unnecessarily tedious, the detail of several such cases might be given. But I doubt not, the experience of many members present will furnish numerous verifications of the above statement. Indeed, I may be permitted to state, that I have never known an attack of puerperal convulsions *during labor* where the precursory phenomena were sufficiently evident to lead to the adoption of appropriate prophylactic treatment, and the patient has been brought under

the influence of chloroform. In the patient of Dr. Sayre, the premonitory symptoms were very striking; but the danger was warded off by the use of chloroform during labor. Some hours after the labor terminated, and the use of the chloroform had been suspended, she had a very violent convulsion, which left her in a state of coma. She was bled very largely; but the stertorous breathing continued, with a constant tendency to convulsive movements. She was kept then under the influence of chloroform. Gradually her breathing became quiet, and the convulsive movements ceased. Opium was then principally relied upon for the subsequent treatment, and she made a perfect recovery. I have already mentioned that the blood in this case was loaded with urea.

Treatment of the Attack.—The indications are, 1st. To remove the cause of the spinal irritation, whether it be centric or eccentric, or a combination of both. 2d. To allay the morbid irritability resulting in convulsions already developed. We shall now consider the treatment under each of these heads. The centric causes, as has already been stated, are hyperæmia, toxæmia, and anæmia. We shall now consider the remedies which have been empirically sanctioned by the profession, and endeavor to ascertain their true value and appropriateness. 1st. Blood-letting—This is perhaps more universally adopted in the treatment of puerperal convulsions than any other remedy, and in a certain class of cases, it is the most important and effective, both to *cure* the spinal and to *prevent* cerebral disease. But there is no doubt that it is often most injurious in its effects, the loss of blood reproducing the convulsive seizures, acting as a centric cause. Let us attempt to determine the laws which should regulate the use of this measure. Where there is a great fullness of the vascular system, venesection is a powerful sedative of spinal action. Where the disease results from stimulation of the spinal system by excess of blood, or from the mechanical pressure of blood on that organ, or from counter-pressure of the distended brain upon the medulla oblongata, bloodletting alone is often sufficient to subdue the disease. It, in these cases, is also equally important to preserve the brain from injury from the convulsion. The attack may, as in a manner before shown, cause such turgidity of the vessels of

the head, as to result in fatal cerebral congestion, or serous or sanguineous effusion. But where there is an anæmic condition of the system, either preëxisting, or induced by hæmorrhage during labor, blood-letting is a *stimulant* of spinal action, and would not only aggravate the convulsions, but greatly increase the danger to the brain from serous effusion. So also in those cases where it was clearly indicated in the first instance, its repetition may change its action from a sedative to a stimulant of spinal excitability. In hyperæmic convulsions, after one bleeding, sufficient to fully impress the system, vascular excitement may be kept down by the use of the tartrate of antimony, as proposed by Dr. Collins: Two grains of tart. antimonii dissolved in four ounces of water, to which is added one scruple of tinct. opii, to prevent diarrhœa from following its use. A tablespoonful of this mixture is given every half hour or hour, according to the urgency of the symptoms.

When anæmia is the centric cause, exhausted nervous power, to use a somewhat paradoxical phrase, is the stimulant to spinal action. Here opium in a full dose is the grand remedy. It restores nervous energy, and thus allays spinal irritability. There has been a great discrepancy of opinion among authors as to the propriety of using opium in the treatment of puerperal convulsions, some condemning its use in the strongest terms, while others highly extol it for this purpose. This difference of opinion has arisen from an imperfect understanding of the pathology of the disease, and a consequent lack of discrimination in the application of the remedy. Not only is opium a most valuable remedy in anæmic convulsions, but it is also frequently of great service in hyperæmic convulsions, after blood-letting. Nervous power has been exhausted, not only by the convulsive attack, but by the necessary blood-letting; and opium, in restoring nervous power, allays the spinal excitability.

It is unnecessary again to refer to the proper treatment for the removal of the eccentric causes, as this has already been discussed in speaking of the prophylactic treatment, with one exception. The exception referred to is where uterine irritation is the eccentric cause. This is no doubt the most frequent of all these causes. The propriety of *artificial delivery* often

becomes a question of the gravest import. The principle should be, whenever artificial delivery can be effected with less irritation than would be produced by the continuance of the child in the parturient canal, it should be effected. Following this law, the decision must be based on the peculiar features of each individual case.

To fulfil the second indication, viz., to allay the spinal irritability already developed, we have no therapeutic agent at all comparable in efficiency with chloroform. For this purpose authors have recommended opium, cold affusion, counter-irritation, the various antispasmodics—as camphor, ammonia, the ethers, musk, assafoetida, turpentine, &c.; but they are all feeble and inefficient as compared with the anaesthetics. Prof. Simpson has ingeniously suggested, that it may aid in removing one of the centric causes, viz., toxæmia.

He says, “If the blood-poison, which in albuminuria produces convulsions and coma, be, as Frerichs believes, carbonate of ammonia resulting from decomposition of urea, can we account for the power of chloroform in restraining and arresting, as it does, puerperal convulsions, upon the ground of its preventing this decomposition? The inhalation of chloroform produces, as various chemists have shown, a temporary diabetes, sugar appears in the urine, and hence probably also in the blood. The addition of a little sugar to urine *out of* the body, prevents for a time the decomposition of its urea into carbonate of ammonia.”

Whether future researches prove this hypothesis to be true or false, facts have been sufficiently accumulated to establish beyond controversy that the use of chloroform does restrain and arrest puerperal convulsions in a large proportion of cases. Some have been disappointed on finding that it did not have this effect in all instances. Where the convulsion is the result of direct pressure on the medulla oblongata, or where the convulsion produces serous or sanguineous effusion, the chloroform can have no influence in controlling the fits. Where, then, there is *complete* coma, and especially when there is partial paralysis, no good effect can be anticipated from the use of chloroform.

No judicious man would think of using the chloroform in

anæmic convulsions; as in allaying the spinal excitability, there would be great danger of overwhelming the nerves of organic life, and thus destroying the life of the patient. In hysterical convulsion, the chloroform is the sole therapeutic agent required.

It can hardly be necessary to allude to the importance of removing all emotional causes. The room should be darkened, and kept perfectly quiet; no conversation should be permitted; all signs of excitement should be absolutely banished from the room; and the physician should throughout the whole preserve a calm, undisturbed demeanor.

Deformities and their Remedy. By H. G. DAVIS, M.D.

In the language of an author upon deformities, I would say, "The great number of deformed persons of both sexes who are daily to be seen in every district of the Metropolis, must surely tend to impress the public mind with the idea either that distortions are incapable of being cured or prevented, or that the branch of surgery to which they belong is in a very imperfect state."

Among these manifestations, the number of deformed persons in this city strikes me as greater, in proportion, than I have ever before observed. I allude to lateral curvatures of the spine, but more particularly to posterior, or angular distortion, the result of what is termed Pott's disease. I would also remark that the number of persons seen with club-feet is less in comparison than in any other community.

My inference is, that the latter deformity has received much more attention from surgeons than diseases of the spinal column. This cannot be due to the relative gravity of the diseases, either as affecting the comfort or capability of patients, or their influence upon longevity. The deformity of the feet cannot be said to shorten life, whereas both lateral and posterior curvatures exert a marked influence in this respect. In lateral curvatures, the majority die with phthisis before they are thirty years of age.

I am of the opinion that the earlier in life this form of distor-

tion commences, the longer the duration of life. The reason appears to be, that, while the frame is flexible, and the form developing rapidly, it more readily conforms to the size of the internal organs, thus leaving them less disturbed or compressed than when the difficulty commences nearer puberty or later in life. I have seen some congenital cases of lateral curvature, complicated with other muscular deformities in the same individual, where they have lived to considerably past middle age, and then die with consumption.

This mode of terminating life, together with the fact that this form of muscular distortion occurs in families where there has been some manifestation of struma, has led me to the conclusion that it is a strumous affection of the muscles connected with the spine, analogous to that scrofulous affection of the muscle of the heart, which manifests itself by dilatation.

There are some cases of lateral curvature that are dependant upon an inequality of the bony structure, giving an unequal leverage upon the two sides of the body. I have often seen cases where the curvature commenced directly after an attack of pleurisy or pneumonia. Upon an examination and measurement, there has been found a marked difference, and, in one case, it amounted to two inches, taking the spine as the centre. It will be obvious that such cases can only be relieved by the constant support of an apparatus.

In the early stages of those cases dependant upon an inequality in the muscular and ligamentous supports of the spinal column, a cure can be effected by the use of an apparatus, and by a system of special exercise for the purpose of invigorating the muscles and restoring their balance.

The apparatus should compel the wearer to use the muscles for preserving the balance of the body as perfectly as as without it, thus giving the surgeon an opportunity of bringing the spine into its natural position, while at the same time the patient can be prosecuting a system of gymnastic exercise.

In all muscular deformities, it is highly important, not only to leave the muscles free, but positively to oblige them to act naturally, in all the motions of the body requiring their use; it is equally important, also, that the freedom of the joints should in no way be interfered with.

In congenital muscular deformities (particularly of the feet), the brain does not appear to recognize the movements of the distorted parts; the muscles whose action would tend to remedy the evil, not seeming to receive the same attention from the cerebrum, that the corresponding muscles do in the opposite limb, that is not deformed. Whether this inequality is dependant upon habit, from being obliged to allow the parts to remain deformed, or from a primary fault in the nervous system, it is difficult to decide.

Whether one or both causes operate to produce the result, it is desirable to leave the muscles and articulations free, that the will can aid any fixtures that may be applied to overcome the distortion, not only to hasten the recovery, but, that the brain may acquire a perfect control of the muscles, and bring about that harmony of action in the muscular system so essential to the order and beauty of our motions. In club-feet these considerations are important, that the patients may acquire a naturalness in their walk.

After several years attention to these principles, I think they are complied with in the use of what may be termed artificial muscles; it will not be supposed that they are under the influence of the will, but simply act as an antagonistic force to the contracted muscles, thus falling in with and assisting the will to overcome the deformity by the aid of the weaker muscles. In club-feet, with the aid of these artificial muscles, the patient can make an effectual effort to bring the foot into a correct position. This effort serves to strengthen the weaker muscles, while at the same time it aids in bringing about a sympathy between them and the brain, which I before remarked had been partially lost. These artificial muscles answer another important part in wearying out the contracted muscles, by their constant action, night and day, thus tending to elongate them.

This mode of treatment involves two important things, it weakens and elongates the contracted muscles, while, at the same time, the weaker are gaining strength, thus bringing about an equilibrium among the sets of muscles, the loss of which has caused the deformity. As this treatment by artificial muscles is, so far as I am acquainted, limited to myself, and as it has not been tested by a large experience, I cannot

say to what extent it can be carried, in the restoration of deformities, but judging from what has already come under my observation, it will entirely change the treatment of this class of difficulties, obviating, in the young subject, any necessity for the use of the knife to divide the tendons, and it is, I believe, the only way in which a deformed foot can be restored, and the patients acquire that easy elasticity in their motions, so essential to enable them to walk gracefully. This is an important consideration, particularly to females—a consideration sufficient, other things being equal, to give this mode of treatment the preference over all others.

Pott's disease is generally conceded to be a strumous affection, and when this constitutional tendency is early manifest, the *probability* is that life will sooner or later terminate by the same disease affecting the lungs. There are cases resulting from injury that may not fall under this general suspicion.

As my inference was, in reference to club-feet, that they had received marked attention, and had been successfully treated, from the same premises I am under the necessity of concluding that Pott's disease has been neglected, or unsuccessfully treated, so far as retaining the figure perfect, or even approximating to it. It is not necessary for me to conclude that the profession have not fully understood this disease, for there are difficulties sufficient in the way of treatment without resorting to this. In the first place, it requires so great an expenditure of time and study for the treatment of each case (and by study I do not mean that it is necessary, in order for them to arrive at a knowledge of the conditions of the part affected, or its etiology), but, to contrive apparatus suited and adapted to restore and retain the form in its normal position, and at the same time put it in the best possible condition to recover. As few men among the whole body of mechanics possess original inventive power, it cannot be expected that, among the small number of surgeons, there should be found this faculty largely developed, particularly when we take into consideration the fact that their studies for so many years previous to entering their profession are entirely unsuited to foster it, even where it might exist naturally.

In consideration, as I have said, of this large expenditure of

time and study, together with the fact that each practitioner has but an occasional case, they are usually recommended to some instrument-maker, who may be well qualified to perform that portion of the labor that properly belongs to his department, yet from his want of knowledge of anatomy, and of the pathology of the disease, he can never be able to treat a case scientifically, or with any definite knowledge of the results to follow the application or use of any apparatus he may invent. This want of anatomical knowledge is, apparent to every surgeon, upon the slightest reflection.

The common mode of constructing apparatus to sustain the weight of the body upon crutches, is utterly useless, as the crutch impinges directly against the bundle of nerves and blood-vessels that meet in the axilla, upon which the weight of the arm even cannot be borne, much less that of any additional portion of the body. I think, however, that this difficulty has been seen by surgeons, but there was not found any other point where support could be applied. It was rather a choice between two evils, that of no support, or in this way. If we notice the manner in which we raise a child by putting the hands under the arms, we shall find that we naturally avoid lifting directly up, after the manner of the crutch, but upwards and inwards, with a degree of pressure with the thumbs upon the scapula, and the fingers upon the under side of the clavicle, thus diffusing the pressure over a large surface, and avoiding in a great measure the nerves and blood-vessels. Quite an amount of sustaining force can be borne when applied in this way.

This mode of distributing the pressure is one of the peculiarities of my apparatus, and one in which it differs from all others.

Early Medical Litterateurs of the United States. By J. HANCOCK
DOUGLASS, M.D.

Medicine, ranking at the same time as a science and an art, and holding good fellowship with the other learned professions, serves, by the connection it has with each, as the link of union between them, while it also extends its relation to almost every branch of human industry and knowledge. The vast domain of thought and attractive research which is constantly inviting the medical scholar, leaves him but little time for those active duties of life which would bear him prominent before the world. His sphere of action is rather in the quiet, subdued shadows of the sick chamber than in the forum. His words are words of sympathy or of kind encouragement, rather than passionate appeals to the prejudices or emotions of his fellow-man. His study is to alleviate suffering mankind; his researches are continually directed towards the discovery of the cause and the means of removal of the thousand ills flesh is heir to, and his aim is the prolongation of human life. Such a mission is divine; and in the accomplishment of this mission he enters wherever there is sickness or death, the home of the rich and the hovel of the poor. No society is too elevated for him not to enjoy, or to which he is not always welcome; no misery too abject which calls upon him in vain for sympathy and aid. High and low, rich and poor, the learned and the unlearned, find in him a companion, a compeer, a friend.

While his social relations are so extreme, so varied, and so extensive, his scientific relations are none the less so. In the pursuit of his profession, either as student or physician, there is hardly a branch of science into which he is not at some time called to look, and which some individual members of the profession have not ardently pursued, and eminently adorned. Frequently led away by the allurements of the collateral sciences, the legitimate walks of a truly medical professional life are abandoned for the more enticing pleasures of the new study. To the young physician, the domain of letters especially offers peculiar charms. We are not surprised, then, to find names holding no mean rank in our profession, at the same time occupying an honorable place in the department

of polite literature. Looking over the lengthy list of the names of those authors who have contributed to the formation of an American literature, as arranged in the Cyclopædia of the Messrs. Duyckinck, just issued from the press, we find a goodly number of medical men interspersed among clergymen, statesmen, lawyers, and laymen. Indeed, though few in comparison with the whole number, they are, however, more numerous, and their contributions have a higher grade of merit, than we should at first suppose they would have, from the fact, that the writings of medical men are rather upon the abstruse subjects of their profession or of the collateral sciences, than in the department of belles lettres.

In the first period of our colonial existence, with the noble army of pioneers, who came to this country not needy adventurers, but men of sterling worth and high mental acquirements, there were some of the medical profession who were worthy associates of such men as Roger Williams, John Cotton, and the Mathers. They acted their part as statesmen in the formation of the infant colony; they bore arms as soldiers in its defence; they gave encouragement to the weak and timid, aid to the sick and afflicted, and, finally, became its historians, in prose and verse.

The first medical man who figures in the two large volumes before us is Wm. Vaughan, a native of Wales, who removed to Newfoundland, "where he established a plantation, which he called Cambriol, and to invite settlers from England, sent home and published his '*Golden Fleece*,' a quaint tract in prose and verse, intending, through the medium of satire and fancy, to set forth the discouragements of England, and the encouragements of America." This was published in 1626, and several years after, in 1640, he published another work in verse, entitled the *Church Militant*.

One of the founders of the colony of Rhode Island was John Clarke, who, educated as a physician, emigrated to Massachusetts, and there claimed, with Roger Williams, full license for religious belief. He formed, and was the first pastor of, the Baptist Church at Newport, in 1644; was treasurer of the colony in 1649; went with Roger Williams to England in 1651, and published there in 1652 a work quaintly entitled "Ill News

from New England ; or, a Narrative of New England's Persecution, wherein is declared that while Old England is becoming new, New England is becoming old." Returning to Rhode Island, he was elected, for three successive years, deputy-governor, and at his death, left by will the annual income of a farm, to be employed for the benefit of the poor, and for the promotion of religion and learning.

"Y^e learned schoolmaster and physician, and y^e renowned poet of New England," as Benjamin Thompson is called, wrote much in verse, eulogistic and historical. From a poem called "New England's Crisis," we are given in the Cyclopædia a few stanzas, on a fortification at Boston, begun by women, from which we extract a few lines :—

"A tribe of female hands, but manly hearts,
Forsake at home their pasty crusts and tarts
To knead the dirt, the samplers down they hurl,
Their undulating silks they closely furl.
The pick-axe one as a commandress holds,
While t'other at her awkwardness gently scolds.
One puffs and sweats, the other mutters why
Can't you promote your work so fast as I?
Some dig, some delve, and others' hands do feel
The little wagon's weight, with single wheel.
And least some fainting-fits the weak surprise,
They want no sack nor cakes, they are more wise.
These brave essays draw fourth male, stronger hands,
More like to dawblers than to marshal bands;
These do the work, and sturdy bulwarks raise,
But the beginners well deserve the praise."

A handsome compliment to the force of example and influence of women, which is as true in our day and generation as in 1680, about which time these lines were written.

The name of Cadwallader Colden, the historian, the philosopher, is familiar to all students of colonial history, especially that of the colony of New Netherlands. He was born in Scotland, educated in Edinburgh, came to this country in 1708, settled in Pennsylvania, and practised medicine with great success in Philadelphia until 1715. He came to New York in 1718, entered into the service of the province, relinquished his profession, and filled with much dignity, and with great benefit to the colony, several of its most important offices. His writings

were historical and philosophical, and are esteemed of great value by the historians of the present day. His unpublished manuscripts, called the Colden Papers, are the property of the New York Historical Society, and constitute part of its valuable collection.

Hugh Williamson was another distinguished resident of New York, whose early life was spent in other States, but whose declining years shed their lustre in the midst of the society of which New York boasted in the early part of this century. He was of Irish parentage, born in Pennsylvania; was first a Presbyterian clergyman, which profession he gave up on account of ill health; then Professor of Mathematics, at the same time that he studied medicine, which latter study he continued in Edinburgh. He was a member of the legislature of the State of North Carolina, and then of Congress, and signed the Constitution of the United States in 1787. After this he came to New York, where he resided till his death, in 1819, an octogenarian, full of honors, having well served his country. He was present at the battle of Camden, and was of essential service to the wounded upon that occasion. His writings were historical and philosophical. Among the former are named a "History of North Carolina," and of the latter, appertaining to medicine, a production entitled "Observations on the Climate in Different Parts of America, compared with the Climate in Corresponding Parts of the Other Continent."

We cannot refer to the name of Benjamin Rush without recalling the statesman, the scholar, the philanthropist, the friend of Franklin, and the signer of the Declaration of Independence with Jefferson and Adams. He is the type of the good physician and the earnest medical scholar. His writings upon various subjects of a medical and literary character, are of the highest order of merit, and familiar to us all.

The earliest literature of all the infant colonies was for the most part from the pens of the educated professional men who immigrated to this country. Their writings usually partook of the character of their profession, so that, in many instances, although they wrote at length, their productions were not in the style of polite literature. We find, however, in the volumes before us, honorable mention of Dr. John Lining, Dr. Lionel

Chalmers, and Dr. Alexander Garden, as contributing by their medical writings to the formation of the literature of the country. Dr. Garden was for a short period in New York, and was a distinguished naturalist. Linnæus named a beautiful flowering shrub, *Gardenia*, in compliment to him. All these names are found in the literary annals of Charleston. James McClurg, a Virginian, studied medicine in Edinburgh and Paris, and returning home, established himself in Williamsburgh, Va., and afterwards in Richmond, where he died in 1825. He was remarkable for the purity of his style and his elegance of diction, and besides his medical writings, contributed to the literature of the day several productions in verse, which were much admired. "The Belles of Williamsburgh," some verses composed to amuse those about whom they were written, as the author states, are quoted in these pages as illustrative of his ready, easy style.

David Ramsay, the indefatigable student, the historian of the Revolution, was born in Pennsylvania, passed from the College of New Jersey to Philadelphia, where he studied medicine, and enjoyed the acquaintance of Benjamin Rush, and then to Charleston, S. C., where he practised and reached a high degree of distinction. "He wrote, among other papers relating to the times, a Sermon on Tea, from the text, 'Touch not, taste not, handle not,' in which he caricatured Lord North." He was Army-Surgeon at one time, a member of the State Legislature at another, and in Congress in 1782 and 1785. His writings, especially his historical ones, are voluminous. "His industry was a proverb. He slept but four hours, rose before daylight, and meditated, book in hand, while he waited for the dawn." He died in 1815, sixty-seven years old.

Lemuel Hopkins, a satirical poet of the time of the Revolution, was born in Connecticut, and practised in Litchfield in that State, and also in Stratford. He wrote in verse, and gave vent to his satirical powers upon men and matters engaged in the politics of the time. He was associated in some of these papers with Humphreys, Trumbull, and Barlow.

Benjamin Young Prime, another poet-physician of the Revolutionary era, employed his pen in patriotic strains, and ennobled the deeds of his warring countrymen, in enthusiastic verse.

In 1791 he published a poem called "Columbia's Glory, or British Pride Humbled; a Poem on the American Revolution."

Joseph Warren, whose name is indissolubly associated with Bunker Hill and the first struggles of our ancestors for liberty, was a Major General of the American army, and the first general officer who fell in that struggle. Dr. Warren gave the full support of his whole intellectual strength to the Revolutionary cause, and contributed by his pen, as well as his sword, to its progress. Some verses, entitled "Free America," in which he prophetically sings the future influence of America among the nations of the world, are introduced as a specimen of the Ballad literature of the Revolution, and of his own style of versification.

We may incidentally mention here that the tune of "Yankee Doodle," the patriot song, the origin of which has occasioned no inconsiderable critical research, was composed "by a Dr. Shackburg, attached to the British army, in 1775." First intended as a burlesque, it was caught up by the provincial soldiers, whose grotesque appearance had suggested it, and was afterwards made to play no mean part in inciting them to deeds of great valor. Thus the innocent instrument of merriment became the engine of a great moral power.

Joseph Brown Ladd, who was born in Newport, R. I., was another poet of the Revolution, and delivered the second Fourth of July oration in Charleston, S. C., where, by the advice of Gen. Greene, he followed his profession. He died at an early age, twenty-two, from the effects of a wound received in a duel. He wrote the following :

WHAT IS HAPPINESS ?

'Tis an empty, fleeting shade,
By imagination made ;
'Tis a bubble, straw, or worse ;
'Tis a baby's hobby-horse ;
'Tis a little living, clear ;
'Tis ten thousand pounds a-year ;
'Tis a title ; 'tis a name ;
'Tis a puff of empty fame,
Fickle as the breezes blow ;
'Tis a lady's Yes or No ;
And when the description 's crowned,
'Tis just *no where* to be found.

The reputation of the erudite Samuel Latham Mitchell is still fresh in our midst. His varied literary abilities, and his great facility at composition upon any subject, from a sentiment in a lady's album to a learned report upon the geology of the State, have passed into traditions which excite the wonder of the young physician, and have indued his memory with the characteristics of great genius. He was as ready in speech as with the pen, and was as fluent as an orator as he was brilliant as a writer. His literary remains are very extensive, embracing a varied range of subjects, prose and poetical, and are all marked with great purity of style, and grace of expression. He was born in 1764; completed his medical studies in Edinburgh; resided in New York, the social companion of Chancellor Livingston, Clinton, Gallatin, and others, and died in this city in 1831.

A cotemporary of Dr. Mitchell was David Hosack, who is better known for his medical writings than for his literary labors, and yet he is associated with all the prominent movements in the literary circles of his time. He was for many years the President of the New York Historical Society, and a Fellow of several foreign learned associations.

Another physician, who made New York the scene of his literary labors, was Elihu H. Smith. Dr. Smith was born in Connecticut, educated in Yale College, and completed his medical studies at Philadelphia. He then came to New York, and was associated with Dr. S. L. Mitchell and Dr. Miller "in the publication of the first journal of the kind ever printed in the country, the *Medical Repository*, commenced in 1797." "He, as well as his associates, were members of a 'Friendly Club,' which was the nucleus, at its weekly receptions, for the intellect of the city." Dr. Smith wrote much for the magazines of the day; he wrote a play, a poetical epistle to the author of the Botanic Garden, which was attached to the American edition of Darwin's works; various sonnets; and several descriptive pieces. He died of yellow fever, in 1798.

We have still to add one more name to the list of scholars and eminent physicians, who adorned our profession during the closing years of the last century, and who have given a lustre to the early years of the present,—that of Charles Caldwell.

This distinguished man was born in North Carolina, in 1772 ; commenced studying medicine in Philadelphia, under Drs. Shippen, Wistar, and Rush, in 1792 ; translated Blumenbach's Elements of Physiology, from the Latin, in 1795 ; and ever after continued a frequent writer for the journals of the day, upon a great variety of subjects. In 1814, he succeeded Nicholas Bidle in the management of the *Portfolio*, and gave to it, by the force of his character and his untiring industry, a renewed energy which greatly contributed to its success. In 1819, Dr. Caldwell removed to the West, which was ever after the scene of his labors. He was connected, for many years, with the Transylvania University, at Lexington, and upon removing to Louisville, in 1837, was mainly instrumental in establishing the "Louisville Medical Institute." He died in this latter city, in 1853. Dr. Caldwell was a man of varied accomplishments, and possessed a facile pen. His writings, which are voluminous, and upon a vast range of subjects, are sufficient witnesses of his great industry, and of the power of thought he brought to bear upon every topic upon which he treated. Besides his medical essays, he wrote much that was biographical,—his connection with the *Portfolio* giving him peculiar facilities in this respect ; as many articles in that journal upon the heroes of the war with England, attest. His most important biographical work, was the "Life and Campaigns of General Greene."

No one can read that highly imaginative poem, *The Culprit Fay*, so full of beautiful fancies, peopling the wild romantic scenery of our noble Hudson with tiny creation's of the poet's brain, without rejoicing that the author was an American. I. Rodman Drake was a native of New York, where he was educated, and where he studied medicine under Dr. Romaine. He lisped in verse from his earliest years, and wrote much during his short life, which terminated in his twenty-fifth year. He was the first of the celebrated croakers, who, in 1819, convulsed the town by their witty and satirical papers in verse, published in the *Evening Post*.

There are a few of the prominent names among members of the medical profession, whose literary labors have served to give a stamp to American literature, up to the commencement of the present century ; many others might be mentioned, but

as we are drawing near to the time of our cotemporaries, we shall here stop, without referring to authors who are well known to us, living with us, and acting with us daily. Let the grave cover them, and when they are removed from the chance of envy, some future reader, proud of the position of his profession in our country's progress, will extract from some more extended cyclopædia, their names, as additional examples of the influence of the medical profession upon its literature.

CHRONICLE OF MEDICAL PROGRESS.

Duration of Life in Scirrhus Cancer of the Breast. By Mr. PAGET, St. Bartholomew's Hospital.

Records which I have made or collected of 139 cases of scirrhus cancer of the breast, watched to their conclusions, or to their survivals beyond the average duration, give the following results :—

In 75 not submitted to operation, the average duration of life, after the patient's first observation of the disease, has been 48 months. In 64 submitted to operation, and surviving its immediate consequences, the corresponding average has been a little more than 52 months. The longest duration of life, in the former class, has been 216 months ; in the latter class, 146 ; the shortest, in the former, was 7 months, in the latter, $7\frac{1}{2}$.

The proportionate numbers of the deaths in each year, after the first observations of the disease, may be represented by the following table :—

					With operation.	Without operation.
					Per cent.	Per cent.
In the first year, there died	-	-	-	-	4.7	8.
" second, " "	-	-	-	-	6.25	22.6
" third, " "	-	-	-	-	21.8	24.
" fourth, " "	-	-	-	-	14.	9.37
" fifth, " "	-	-	-	-	20.	7.3
" sixth, " "	-	-	-	-	11.	5.3
" seventh, " "	-	-	-	-	9.37	9.37
" eighth, " "	-	-	-	-	3.12	2.66
" years after the eighth,	-	-	-	-	9.37	12.

When the extremes of duration are so widely different as they are here shown to be, a perfectly reliable average cannot be obtained, unless the number of cases are, on both sides, larger than those supplied by my records. I believe, therefore, that the results here

stated are only near the truth, and that the collection of more cases will in some measure alter them.

Thus, it is nearly certain that the averages stated above are, on both sides, rather too low, for twenty of the patients (*i. e.*, one seventh of the whole number) are, or were, still living, after having survived the average time of duration with the disease. Moreover, as cases of the longest duration are the most likely to be lost sight of before their record is completed, it will generally happen that a collection of cases will include a disproportionately large number of those of short duration. Allowing, however, for these causes of reduction in the calculated average durations of life, there appears no reason to expect that any number of completed and unselected cases will prove an average duration of more than five years from the first observation of the disease.

The sources of error above referred to would, I think, especially reduce the estimate of the average duration of the cases in which no operation is performed; for unless cases are kept with an express intention of recording all that occur, without any selection whatever, there will be a tendency to omit a disproportionate number of those which are not made interesting, either by operations, or by some of those striking events which are most common in acute cases. Hence, the records will generally contain too few of the most chronic cases in which no operation has been performed. I have expressly avoided this error in my own note-books, by avoiding everything like a selection of cases for record; but I cannot be quite sure that the same rule has been observed in some of the records from which I have derived cases observed by others. I can find, however, no reason to believe that any full and accurate tables of cases will bring out, as a result, that patients, in whom cancer of the breast is left to pursue its course, live longer, on an average, than those from whom it is removed. Rather, I believe that, if care be taken in the discrimination of the cases appropriate for the operation, and in the rejection of those that are unfit, there will appear a gradually increasing, though it may be always a small advantage in favor of the cases in which the breast is removed. Probably it may be ascribed, in some measure, to such care, that the additional and continued cases, which I have tabulated in the last two years and a half, make the average duration in those operated on rather longer, and that in those not operated on, rather shorter than it appeared in 1853.—*Lancet*.

Turkish Medical Service.

VARNA, Bulgaria, Dec. 1, 1855.

Having been connected for a time with the Ottoman army in Europe in the capacity of a surgeon, I cannot do better than condense into a single letter a few of my own observations, with some general allusions to the medical profession in the East.

In the first place, service in the Ottoman army, medical or otherwise, offers no inducements whatever to young Americans. Of actual want, one suffers little, but must submit to humiliating embarrassment; while the society of even the first officers cannot possibly be agreeable to a person who is cultivated or accustomed even to the mere decencies of life. The Turks are slow to perceive merit, and still slower to reward it. The first, and almost the only word of English they learn, is *to-morrow*; and however gentle and urbane the Mussulman may be in private life, he is a paragon of intrigue, and overbearing treatment, in office. Foreigners who enter the Turkish service, appear to adopt permanently their worst peculiarities. It was related to me by an Italian, in the service at Silistria, that Achmet Pasha once caused several of his physicians to be tied up and flogged, in the presence of the troops. We hear much of foreigners in the Ottoman service; but very few of them, surgeons excepted, acquire positions of any importance, in the army. Their connection with the service is nominal, rather than actual. The gradations of rank in the army are multiplied in a manner very convenient for amateur warriors, who are ambitious to become lions in the Clubs of London and Paris, by campaigning a few weeks along the Danube, or in Asia. The Mussulman still looks with contempt upon the Giaour. The Turkish soldier will not be led into action by an officer who has to give his orders through an interpreter; and when it comes to fighting, it is generally the Mussulman *Bambashis* and *Kaimakams* who march at the head of the columns.

With respect to actual medical service in the Turkish army, I had an excellent opportunity for cholera practice, no less than 4000 troops having died of that disease while Omer Pasha was in the Danubian Principalities. The hospital appliances were much better than could have been expected under the circumstances. Ice, used both externally and internally, was found to be, in most cases, the best remedy for cholera, and though it cost \$1 per pound, was used in great quantities. The Turks love the sword, but have the utmost horror of the scalpel. When Mahmoud opened a Medical College in Constantino-

ple, he was obliged for many years to procure Christian subjects for dissection, through the Austrian Minister. Mussulmen are equally averse to surgical operations. Surgery is, in fact, rarely called into requisition in the Turkish camp. During the affair of Kalefat, in which 12,000 Turks perished from cold, fatigue, and sorties against the Russians, and when patient Mussulmen became furious maniacs through extreme suffering, but one grave surgical operation was performed, whereas hundreds of lives might have been saved by judicious management.

Comparatively few Turks practice medicine. The professors of the healing art, in the Orient, are mostly Greek and Italian adventurers, who make the simple Moslems the dupes of their charlatanism. The Imperial license to practice anywhere in the Sultan's dominions, can be obtained for a few piasters. Even those who are employed professionally, in the Seraglio, and penetrate the mysterious harems of the Turkish grandees, do not hesitate to administer preparations followed by the most fatal effects. They do indeed profess to teach medicine in the schools attached to the mosques, after the doctrines of Avicenna, Averroes, and other Arab authors, but the practice is founded upon no definite system. The believer in fatality does not fear death; and this is the principal reason why, in times of the plague and cholera, the Turks suffer less than the timid Greeks and Armenians.

Generally speaking, the simple remedies recommended by the Arab teachers, are far more efficacious than the medical treatment dictated by the ignorance and superstition of the Greeks. The most valuable drugs are to be found in the bazaars, but in consequence of the profound ignorance of the rudiments of chemistry, among the Turks, the pharmaceutical preparations sold in the shops, are gross and inefficacious. Distilled water is the ordinary medium for administering medicines.

The Mussulmen Hakims divide all diseases into two classes—nervous affections of the face, and those of an erysipelatous character; and secondly, all maladies not included in the above. Some of the Emirs, descended from the daughter of the Prophet, profess to cure the former by means of charms, incantations, and mysterious remedies, of which they claim the monopoly. When the cure is not effected, however, they insist that it is not from the inefficacy of the means employed, but from the fact that the disease does not belong to the class in question.

Poujulat relates an incident which came under his observation in

the slave market in Constantinople, and illustrates the occasional cruelty of the Turks, in the employment of remedial agents :

A female Abyssinian was suffering from an inflammatory tumor on the right arm. Her master, supposing it to be a plague-spot, ordered molten lead to be poured upon the same. This heroic treatment caused the most exquisite suffering, and the poor slave besought her master, with tears and cries, to desist. Poujulat inquired, through his dragoman, if molten lead was efficacious in the treatment of the plague. "It either kills or cures at once," replied the Mussulman ; "and, by Allah, that best suits my purpose."

The little surgery that is allowed among the Turks, is practiced by the barber, whose razor is employed alike in shaving the heads of the Faithful, and the faces of Christians—in circumcision, blood-letting and the removal of tumors. In ancient times, the profession of the physician and that of the barber were united in the same august individual. So far as surgery is concerned, that is still the case in the East, and in many parts of Europe. The rod entwined with the serpent, indicating a combination of strength and wisdom, is retained by the barber, where the professions have become distinct ; and I still recognize a professional brother in the individual who relieves me of a scanty capillary growth, and shaves the head of my Mustapha until his glowing cranium resembles the rising full-orbed moon.

Among the Græco-Slaves, as with the Turks, surgery is monopolized by the knights of the razor. The practice of medicine is confined for the most part to magicians and sorcerers. There are no midwives ; nature renders them superfluous. The mountaineers have a very efficacious method of treating wounds received in their almost perpetual conflicts. Intermittent fever and dysentery are the prevalent diseases of the climate. As among all uncivilized or half-civilized people, the absence of favorable circumstances causes the premature death of feeble children. Those only who possess vigorous constitutions live to maturity, while their natural strength is increased by a temperate manner of life, especially in mountainous regions. A rapid increase of population is thereby prevented ; but those who survive are more healthy and vigorous than the majority in civilized countries. When a person is attacked with any disease, he at once avails himself of the exorcising prayers of his Pope or Priest, and then drinks largely of cold water. Hydropathy has in fact been in vogue for ages with the Græco-Slaves.—*Tribune*.

On the Arthralgia of Phthisical Patients. By J. H. S. BEAU.

Under this term, I comprehend settled pains in the limbs of phthisical patients. M. Tanquerel was the first to make use of this expression to designate the acute pains which affect the limbs in cases of saturnine intoxication, correctly remarking that the word *αρθρον* was employed by the Greeks to signify indifferently, limb or articulation.

The same name, arthralgia, might be given also to those pains in the limbs which mark the third degree of scurvy, and which have been pointed out by the different writers on that disease.

In phthisis, then, as well as in saturnine poisoning and scurvy, we meet with pains of greater or less intensity affecting the limbs. It is those pains, which are no where described or even mentioned, that I am about to bring before my readers, by giving a succinct history of them, under the name of the arthralgia of phthisical patients.

I would first state that these pains show a decided preference for the lower limbs. During about two years that my attention has been directed to the observation of this symptom, I have only once seen the arthralgia settled at the same time in both the lower and upper extremities. I may add that it is very rarely confined to one lower extremity. Almost always it affects both limbs at once, although it is often less intense on one side than on the other. In like manner, the arthralgia is seldom limited to the thigh, the leg, or the foot; it almost invariably occupies both lower limbs in their entire extent.

The character of the pain varies a little in individual cases. Thus, it is sometimes described as an intolerable sensation of rending or bending; at others, it is lancinating, and appears to follow the course of the nervous branches.

Its intensity is also very variable; some phthisical patients scarcely suffer from it, while in others it is insupportable. I have frequently known this arthralgia elicit groans from the sufferers, and completely deprive them of sleep. Sometimes the pain—especially when it is of recent occurrence—is excited only by pressure; but it soon becomes spontaneous, and in this case, when it is very intense, the slightest touch is sufficient to make the patient cry out.

This pain is continuous, but it is subject to exacerbations, supervening chiefly during the night; it is never accompanied with convulsive movements of the muscles. I have remarked that when it is very acute, the limbs are flexed and the muscles relaxed; the patient can neither extend nor make use of his limbs.

It is very difficult to localize these pains. They affect the lower limbs in a mass, without our being able to fix their seat in the nerves, the muscles, or the osseous tissue, either during life, or even after death.

This arthralgia is met as a prominent symptom in scarcely more than a fourth of the number of those who die of pulmonary tubercularization. It generally shows itself along with the symptoms which constitute the third or colliquative period of pulmonary phthisis.

It is observed particularly in the cases in which the emaciation is very great, where the fever is high, especially in young subjects of the female sex.

Sometimes it is complicated with simple œdema of the lower limbs, and one would be tempted to diagnose a case of this kind as one of phlegmasia alba dolens, which is often enough observed in phthisical patients. This error may be avoided by observing, that, in phlegmasia, the skin is tense and does not retain the impression of the finger, while, in ordinary œdema, it has not these characters; and moreover, in phlegmasia it will often be possible to feel with the fingers the inflamed venous cord, while, in the simple œdema, complicated with arthralgia, nothing of the kind can be observed.

The prognosis of this affection is very unfavorable. I have never seen tuberculous patients who suffered from it, I will not say get well, but even experience an alleviation of their disease. It indicates that the subject of it labors under a fatally and rapidly progressive consumption.

The treatment can, consequently, be only palliative. It consists in the external and internal use of the preparations of opium, which occasionally procure relief. Pains of this nature are often relieved by enveloping the limbs in hot cloths.—*Presse Médicale Belge*, Jan. 3, 1856, p. 18.

Chinoidine in Intermittent Fever.

Dr. Rogers, surgeon to the Panama Railroad Co., concluding an article on chinoidine, in the *Boston Medical and Surgical Journal*, says:—

"Taking everything into consideration that has resulted from the experiments of my colleagues on the Isthmus, and my own, I am forced to the conclusion, that in the treatment of intermittent or any malarious fever, chinoidine is less certain in its effects, less prompt, quite as disagreeable, and as expensive as sulphate of quinine."

Case of Spontaneous Cure of a Pleuritic Effusion by Purulent Metastasis to the Urinary Organs.

The following case, reported by Dr. Luciani, deserves to be placed among those of the same nature already on record :—A young man, aged 23, was admitted into the Hospital of Santa-Maria-Nueva in Florence, with a well-marked pleuritic effusion of the left side of the chest. The respiration was labored, rapid, and limited ; there was immobility of the thoracic walls of the affected side, while the dilatation of the chest was very strongly marked on the opposite side ; the patient complained of lancinating pains under the left breast on forced inspiration ; there was inability to lie on the side without bringing on a feeling of suffocation ; he had a short dry cough ; there was dulness of the whole of the left side, with absence of respiration over the same side, except in a very small space in the subclavicular region, and a little behind along the vertebral column ; there was, moreover, well-marked ægophony. Further, the arching of the ribs on this side was much more decided than on the other, with slight infiltration of the integument. With all these local characteristics was combined an assemblage of general symptoms, such as are always met with under similar circumstances ; as, for example, collapse of the features and excessive paleness of the face ; a parched, red, and pointed tongue ; acute thirst ; dryness of the skin ; pains in the upper part of the abdominal region, towards the inferior edge of the false ribs, suggesting the idea of a diaphragmatic pleurisy ; engorgement of the liver, &c.

The treatment consisted in the application of leeches to the anus to diminish the congestion of the liver, in the employment of large blisters to the affected side of the chest, the use of tea, containing acetate of potash, of kermes, and of squill.

Under this course of treatment there was scarcely any sensible improvement, when suddenly a brisk reaction set in through the agency of the urinary organs, the urine becoming very abundant and so turbid as to be quite lactescent and to deposit pus. A rapid improvement ensued ; the respiration became more and more distinct in the affected side, the effusion disappeared, and the patient got well in a few days. The urine then resumed its natural appearance and condition, and the patient left the hospital quite recovered.—*Presse Médicale Belge*, January 3d, 1856, p. 19.

Treatment of Otorrhœa. By JAMES YEARSLEY, Esq.

Cotton wool, as a curative agent in otorrhœa, is highly extolled by Mr. Yearsley. He objects to the too energetic use of astrigent injections, and substantiates the value of cotton by numerous cases. His manner of using it is to first cleanse the passage of the ear by gently syringing it with warm water, and then removing the moisture by means of a porte-sponge. A small piece of dry cotton is then applied, and pressed gently upon the surface of the aural cavity. The patient must now be restricted to silence, and such food as needs no mastication, as the motion of the jaw detaches the cotton from its apposition. Twenty-four hours having elapsed, the cotton is removed, and another dressing, in like manner as the first, applied. This course of procedure is invariably followed by success.

Vapor of Iodine in the Treatment of Ophthalmia. By CALVIN G. PAGE, M.D.

Several cases of ophthalmia having come under Dr. Page's notice, which resisted all the usual remedies, he resolved upon using the vapor of iodine. Availing himself of the fact that iodine, dissolved in chloroform, evaporated without leaving its characteristic stain, he made use of the remedy in that form.

The cases in which he used it were severe, marked by the following symptoms: swelled granular lids, injected conjunctiva and sclerótica, intolerance of light, dimness of vision, lachrymation, and excretion of pus. He also used it in a case of tarsal ophthalmia. In every case marked benefit immediately appeared upon the exhibition of the vapor. In applying it, the eyelids should be closed, and the atmosphere excluded from the surface.—*Boston Med. and Surg. Journal.*

Albumen in Jaundice.

The experiments of M. Bernard, demonstrating the fact that albumen is assimilable through the function of the liver, suggested to Dr. Griseler, of Gottingen, the idea that this substance might be used as a stimulant to that organ, and thus become an excellent cholagogue. This is certainly ingenious and plausible. The case which Dr. Griseler quotes, in which a Spanish physician prescribed for Mr. White, author of "*Treatment of Pregnant and Parturient Women*," will designate the mode of administering it. He ordered his patient to take, while fasting, two raw eggs, both yolk and white, in a glass of water, and repeat the dose with one egg every four hours. Mr. White was entirely cured, and afterwards prescribed the same to his patients with success.—*Med. Reporter.*

Asthma. Dr. Hoyt, in the *Boston Medical Journal*, reports a case of asthma appearing synchronous with the catamenia, for a period of twelve years, cured by the use of iodide of potassium, in six grain doses, repeated every hour, until relief was obtained; after which the remedy was continued for forty-eight hours, in smaller doses, at longer intervals.

Amputation of the Penis. By Dr. HILTON. Transfix the body of the penis just above the urethra, cut through the corpora cavernosa, and then dissect out the urethra, dividing it half an inch further out than the first incision. This operation results without the patient experiencing any difficulty in urinating.—*London Lancet*.

Cholera. Homœopathy. Dr. Chargé asserted, through the journals of Lyons and Bordeaux, that out of several hundred patients with cholera, he had not lost one. Upon which, a ward in Hotel Dieu was entrusted to the care of Dr. Chargé, that the truth might be established. Assisted by his Homœopathic colleagues, he entered upon his duties. *Of 26 cholera patients admitted, 20 died. M. Chargé withdrew. During the same period, in another ward, in which rational means were practiced, but 11 died out of 25 patients admitted. Homœopathy was humbled.*—*Gazette des Hôpitaux*.

Photophobia. In cases of scrofulous ophthalmia and chronic granular conjunctivitis, the tincture of iodine has proved peculiarly beneficial, applied to the lids and orbicular region once or twice a day. Under its use, photophobia is said to be removed as by enchantment.—*Jour. de Med. de Bruxelles*.

Local Anæsthesia. M. Grunault gives us a formula, in the *Jour. de Chimie Medicale*, for the gelatinization of ether, which appears to be a preparation of some value, as it enables the practitioner to localize and prolong the action of the ether as may be desirable, without that constant surveillance demanded by the extreme volatility of the agent not thus prepared. Beside, various drugs are soluble in ether, which do not prevent gelatinization, and thus may we not have a valuable means of local medication?—The formula, is one part of the white of egg, and four parts of ether, which being briskly agitated in a stoppered bottle, soon combines, forming a beautiful opaline jelly.

Chronic Entropium. Two obstinate cases of entropium are reported as cured by applying, every other day, several layers of collodion to the eyelids previously corrugated by the thumb and finger. Button.—*Lancet*.

Lizard in the Stomach. Dr. Clark, of Montpellier, exhibited 'o the Vermont Medical Society a live red lizard, three inches in length, vomited by a patient of his, a farmer, aged 50, whom he had attended for two years for occasional nervous attacks. Since the expulsion of the lizard, the patient has been perfectly well.—*Boston Medical and Surgical Journal*.

Poison. What is the antidote to the bichloride of mercury? L. Schröder says (*Deutsche Klinik*) albumen cannot be depended upon as an antidote; the albuminate which is formed being soluble in an excess of albumen, and therefore emesis should follow its administration to make it useful.

He says also, that hydrated magnesia cannot be regarded as antidotal, as it forms from the corrosive sublimate an oxide of mercury, which is itself poisonous.

L. Schröder bases his conclusions upon numerous experiments upon dogs and rabbits.

Chloroform. "Invariably and uniformly observe the strictest caution, prudence, and circumspection in the employment of this powerful agent, and never intrust its exhibition to a non-medical person."
—*Nashville Journal*.

"No discovery of recent date is equal in importance to that of chloroform—an agent capable of producing the most powerful effects, and that, too, with safety, when used with proper care and discretion."—CHUTTERBUCK.

Nux Vomica. From the experience we have had with *Nux Vomica* in constipation arising from muscular atony of the intestines, we can bear strong testimony to its efficacy. We see by the *London Medical Times and Gazette*, that Dr. Peacock and Dr. Clark, of the Hospital for Diseases of the Chest, are in the habit of using this drug or its alkaloid in similar cases, combined with the compound rhubarb pill, in doses of from one-sixth to one-half a grain of the extract.

Cataract. M. Malgaigne, after a thorough consideration of this subject, based upon upwards of sixty autopsies,—in none of which he found the capsule opaque or the opacity of the lens beginning at its centre,—concludes 1. That the existence of a cataract commencing in the centre of the lens, is as yet purely hypothetical. 2. There is no example of a simple capsular cataract without opacity of the lens. 3. Complicated capsular cataract may form an exception to this rule; only two instances of this, however, having been demonstrated. M. Malgaigne denies the existence of the liquor morgagni, which puts aside all possibility of there being a cataract of such a fluid, as announced by Tenon and Hoin. Accordingly it may be stated that to the present time but two varieties of cataract are known, viz: lenticular and capsulo-lenticular—the change in the crystalline body always commencing in the layers adjoining the capsule, although the lens itself remains transparent.—*Rev. Med. Chir.*

The *New Orleans Medical News* reports an interesting case of paralysis of the supra spinatus and deltoid muscles of the right arm, which had existed for three years, sufficiently relieved for all practical purposes by the use of veratria, applied as an ointment, of the strength of one drachm to the ounce of lard. The shoulder was well rubbed three times daily for one month.

Symphysiotomy. This rare operation has been performed by M. Maslieurat-Lagemard, as reported in the *Med. and Chir. Review*, on a patient whose condition demanded surgical interference. Being unprovided with requisite instruments for performing cephalotripsy or excerebration, M. Maslieurat had to choose between the caesarian section and the operation performed. In a few days after the operation, phlegmasia dolens was developed in the right leg of the patient. She recovered, however, and in fifteen days resumed her occupation.

Ipecacuanha in Drunkenness. By Mr. HIGGINBOTTOM. Ipecacuanha is recommended by the author as an efficient remedy for drunkenness, taken in half drachm doses, as an emetic. It stimulates the whole system, equalizes the circulation, and being perfectly safe as an emetic, is far preferable to the tartrate of antimony. Ipecacuanha given in that way destroys the desire for alcoholic stimulus at once, and if this plan be followed at each subsequent attack, the habit will be broken, and the patient effectually cured.—*London Lancet*.

Fistula in Ano. To prevent the relaxation of the sphincter ani, which so frequently follows its division in operating for fistula, nitric acid is said by Dr. Mitchell to be effectual. He applies the strong nitric acid around the margins of the divided sphincter four days after the operation. The application need be only once repeated. The consequent pain is quickly removed by smearing the parts with oil.—*London Lancet*.

Escharotic. A compound of the strongest nitric acid and sublimated sulphur has been used in Guy's Hospital as an escharotic. It is applied by protecting the surrounding parts with plaster. It appears to give less pain than nitric acid alone, and acts longer.—*Med. Times and Gazette*.

Glycyrrhiza Glabra. Mr. Wm. R. Prince, of Flushing, L. I., recommends the cultivation of liquorice in this country. He thinks the soil of some of the Western States peculiarly adapted to its growth. This is certainly a subject worthy of consideration.

Convulsions. Dr. Lalesque reports having checked convulsions in children by irrigating the head with cold water, using about two quarts at a time in a large continuous stream.

With the same remedy Dr. Shultenberger has cured two well marked cases of hydrocephalus.—*Rev. Med. de Paris*.

Erysipelas. Mr. Skey, in the course of some very sensible remarks on erysipelas, says, "Erysipelas is essentially a disease of debility, and when you have witnessed, as I have frequently done, the excellent influence of quinine, of bark and of wine, you will be as thoroughly convinced of this truth as I am." Mr. Skey is a decided advocate of the tonic treatment in this disease, and employs quinine or bark in all its stages, whether coupled with delirium or not.—*Lancet*.

Chancere. Dr. Ligmund says that chancres must be cauterized within the first four days to prevent secondary symptoms,—a deduction drawn from more than a thousand cases.

Dislocation of the Hip Joint.—*Reid's method.* Flex the leg upon the thigh, then bring the knee against the sternum ; grasping firmly the knee and trochanter (the foot being steadied by an assistant), carry the knee outwards, when the bone will slip into its place.

Delirium Tremens. Dr. Peddie reports, in the *Edin. Med. Journal*, six cases of delirium tremens treated by the *tartrate of antimony*. His course is to give the patient full liberty of the house, with two intelligent men to attend and humor him. Every two or three hours, as the case demands, one-fifth of a grain of the tartrate of antimony (*R. Antim. Tart. gr. iv. ; infus. quassia et aquae aa ʒx. M. Portio cyathus.*) is given whether it sickens or not, but to be discontinued if sleep supervenes. Beef tea, &c., occasionally. Dr. Peddie has followed this course for ten years, in upwards of eighty cases, with uniform success.

On the Cachexia produced by Iodine. By Dr. LEBERT. After a careful examination of this subject, and a review of all the diseases in which the preparations of iodine have been used, Dr. Lebert concludes that inasmuch as ill effects only have ensued after its use in enlargement of the thyroid body, the toxic influence is produced by the too rapid absorption of the hypertrophied gland. In other words, it is a thyroid, rather than an iodine poison, which, entering the circulation, produces the ill effects which have been attributed to this drug.—*An. de Therapeutique.*

Hæmostatics. M. Aran has successively experimented with the various hæmostatic agents, such as the resinous substances, ergot of rye, and common salt ; then astringents,—acetate of lead, alum, tannin, and gallic acid ; nauseants and emetics,—ipecac, tartar emetic, and veratrine ; and sedatives of the circulation,—nitre and digitalis. He says in proper hæmoptysis, but not immediately threatening life, the physician may use either of the preceding remedies. In very profuse hæmoptysis, on the contrary, where necessity exists to arrest the bleeding as soon as possible, by such means as are least likely to depress the system, the physician must not trust to alum, nor sugar of lead, nor rhatany, and the like. Only turpentine, gallic acid in a large dose, salt, nitre combined with digitalis, can be employed with success. In fine, to gallic acid and turpentine he gives preference in grave cases.—*Gazette des Hôpitaux.*

Oxide of Silver in Menorrhagia. A case of alarming menorrhagia in which every other remedy had been faithfully tried, is reported to have been cured by the use of oxide of silver, in doses of one-quarter of a grain, three times daily.—*Lancet.*

Cancer. "I will sum up in conclusion, the rules I believe most useful to follow, to prevent cancer, or to arrest its progress when the malady has displayed itself :

1st. To rouse the functions of the skin by cold baths, by daily frictions with coarse flannel or hair gloves.

2d. To stimulate the muscles by daily and regular exercises in proportion to the powers of the system.

3d. To prefer a vegetable diet, and eat very moderately of meats.

4th. To avoid moral emotions, particularly of a depressing character, and to keep the mind amused and agreeably occupied.

5th. To obtain, either by regular habit or by some purgative, one or two regular operations from the bowels every day."—BOUCHERDOT.

Hemorrhoids. We have seen in one of the French journals that capsicum is highly recommended as a remedy for hemorrhoids. Dr. Buckingham (*Boston Med. and Surg. Journal*) thinks the pickled unripe pepper more agreeable to take, and quite as efficacious as the powdered capsicum. We have seen some cases benefitted by the use of ginger in the form of ginger snaps, but are inclined to think the proportion of cases extremely small, indicating the use of either article.

Aneurism of the Superior Palatine Artery. M. Feirlinck reports a curious case of aneurism, the tumor occupying the roof of the palate, of a man 74 years of age. It appeared without any known cause, and had an existence of three weeks, frequently bleeding. The actual cautery was applied, productive of a perfect cure.—*Gazette Med*

Pneumonia. M. Aran has obtained great success in the treatment of pneumonia by veratrine. Out of twenty-three cases so treated, some of them very severe, twenty-one recovered. The rapidity of the cure was remarkable, resolution occurring as early as the fourth day. The veratrine treatment is especially applicable in primary simple pneumonia occurring in vigorous adults, and is not so well suited for the adynamic forms of the disease.—*L'Union Med.*

Syphilis treated with Nitric Acid. Dr. J. F. Heath, of Petersburg, Va., reports a case of syphilis with secondary symptoms, treated by nitric acid with complete success. The case was well marked, and what is rather peculiar, the chancre healed only with the general progress of the cure, although acted upon by the nitrate of silver, which appeared to act as an irritant. He used the official preparation, and administered it in drachm doses daily, by degrees increasing the quantity to two and three drachms.—*Virginia Medical and Surgical Journal.*

Puerperal Diseases. Dr. Ritter von Brenner strongly recommends the oxalate of potassa in inflammation of the peritoneum, uterus, or ovary, and especially in the metro-peritonitis of puerperal women.

The formula is—R. Pot. oxal. gr. vj.; sacch. ʒij.; aq. destil. ʒvj. M. Cochl. quâque horâ.—*Buckner's Report.*

Condition of the Anterior Fontanelle, in the Treatment of Infants. By Mr. HILTON. "When the arterial circulation is in a natural state of vigor and activity, the anterior fontanelle is observed on a level with the surrounding parts. If from some cause the circulation be unduly excited, it is rendered more tense or prominent; but if, on the contrary, the circulation be enfeebled, it is lowered or depressed below the surrounding parts. I know, in fact, of no sign that so correctly and clearly estimates the vital powers of the infant, as this easily recognizable condition of the anterior fontanelle."—*Guy's Hospital Reports*.

Typhus. Dr. De Gressot proposes to vaccinate upon some accessible point of the intestinal mucous membrane, for the prevention of abdominal typhus.—*Gazette Med.*

Pseudo Membranous Angina. M. Marchal (de Calvi), taking advantage of the attributed solvent action of the alkalis upon the fluids of the body, made use of the bicarbonate of soda in a case of pseudo membranous angina, the details of which he has given in a communication to the Academy of Sciences. He administered the remedy in doses of fifteen grains every hour, with the most happy result.—*Gazette des Hôpitaux*.

Hydrocele.

Dr. La Farge, surgeon to the hospital Del Greve, at Tolosa, states that he has cured a hydrocele the size of a pear, in seven weeks, which had been in existence many months, with an ointment of digitalis leaves, made by uniting one part of the herb to five parts of lard. Other cases are reported, on good authority, to have been cured by like means.—*Gaz. Med. Ital. Toscana*.

Episodes in War.—After the fall of Kars, due in a great measure to Lord Stratford, according to the *Times* of the 16th, the troops of the Turkish general were so reduced by famine, that the Russian general sent seventeen of his own surgeons to attend on the sick Turks; 120 men each day were dying of inanition and starvation. On the 19th of December, soldiers were discovered digging up dead horses, half rotten, to use them as food; dozens of soldiers were found dead or dying, with handfuls of grass beside them, or in their mouths, which they in vain tried to eat. A rat was sold to an English officer for 16s., as food; horseflesh alone was given to the sick in the hospital. The Russian surgeons, by another account, at once set about feeding the sick by spoonfuls at a time, but many died of the reaction and excitement of grasping too much food. The war being now happily at an end, these things read like some of the horrors of the middle ages.—*Dublin Press*.

EDITORIAL AND MISCELLANEOUS.

American Medical Society in Paris.

We have before now had occasion to speak of this Society, and of one of its measures, with reference to the National Association, in terms not entirely commendatory. We have never doubted that its objects and aims were good ; but to lay these more fully before the Profession in this country, we give the subjoined extract from a circular received from the Society, setting these forth. At the same time, it may be a useful suggestion to the Society, that they take a little pains to acknowledge the receipt of books sent them from this country ; for we have heard authors complain of neglect, and they are not encouraged to send a second time. But the following is the extract :—

Hall of "The American Medical Society in Paris," }
Rue des Quatre Vents, No. 6, PARIS, July 4th, 1855. }

This Society occupies an exceptional position, and one which might enable it to be the medium of doing great service to the Profession in the United States, by means of an international exchange of professional labors.

The American physician still encounters in the wards of the Parisian Hospitals the sneering question—"What have you ever done in America to advance the science of Medicine?"

The almost complete forgetfulness with which the Profession of the United States is passed over on the one hand, and the ridicule with which it is treated on the other, have taught such of us as know most of the opinions and the tone of the medical men of this country, that a remedy for this state of things is demanded, and that some means ought to be adopted to put the remedy into execution.

There are honorable exceptions to these appreciations of the labors of the Profession in the United States, but they do not extend to any considerable portion of the Profession of this country ; and when we hear so distinguished a man as the learned Professor of Surgery of the Faculty of Medicine of Paris declare, in his official lecture, at the School of Medicine, while ridiculing American pretensions to originality in Surgery, "that because the Americans had discovered anæsthesia, they had become so puffed up as not to be able longer to realize their true position in the world of Surgery," we think that some efforts ought to be made by the Profession in the United States to correct this erroneous estimate of their labors, and to show to the Profession of France that their brethren of the United States have rendered valuable services even to French Surgery.

"The American Medical Society in Paris" has, by the facts which

it has furnished from time to time to French medical authors, contributed in a measure to dissipate these mal-appreciations, and has thus succeeded in introducing into French works flattering notices of the successes of American Surgery, successes of which the eminent French authors had no previous knowledge, and which would never have found a place in their works but for the existence of the American Library at Paris.

The Committee, therefore, appeals to the Profession in the United States, to authors, and publishers especially, to send contributions to the Library of "The American Medical Society in Paris."

The Society places its claims for the sympathy of the Profession at large upon national grounds; for from its geographical position and frequent change of members, it is supported more by patriotic than by personal motives, and it is upon these grounds that this appeal is made.

Through the politeness of Mr. Bossange, bookseller, No. 138 Pearl street, New York, to whom all books should be addressed, and the obliging forwarding-house of Messrs. Livingston, Wells & Co., No. 8 Place de la Bourse, Paris, all contributions addressed to the Society will arrive safely.

W. E. JOHNSTON, M.D., President,	} Committee.
DAVID P. OLTON, M.D., Librarian,	
SAML. GOURDIN, M.D., Cor. Sec.,	

Commencement.

By an unexpected detention, we are enabled to give a brief account of the Commencement exercises of the New York Medical College. They were held on the evening of the 4th of March, in the middle lecture-room of the College. Notwithstanding the very inclement weather, the hall was filled at an early hour. PETER COOPER, Esq., presided.

The following was the order of exercises:—Prayers were read by the Rev. Mr. Geer. The Van Arcken prizes were awarded by Dr. Cornelius Walke, one of the censors of the College. Dr. Walke stated that the selections had been made by medical gentlemen not of the Faculty, and were—the first, of twenty-five dollars to Edward M. Deey, of New York, for a thesis on *Epilepsy*, and the second, of fifteen dollars, to Benjamin Lee, of Delaware, for a thesis on the *Mechanics of Medicine*.

The Dean of the Faculty, Professor Doremus, then read the list of candidates for the degree, who, after taking the Hippocratic oath, received the honor of Doctor of Medicine from the President of the

College, Professor Green. After conferring the degree, the President addressed the graduates in a short and pertinent speech.

The valedictory address was delivered by Dr. D. Meredith Reese. The speaker kept the closest attention of the audience throughout, and was warmly cheered at the close. We shall hope to be able to give at least an abstract of it next month.

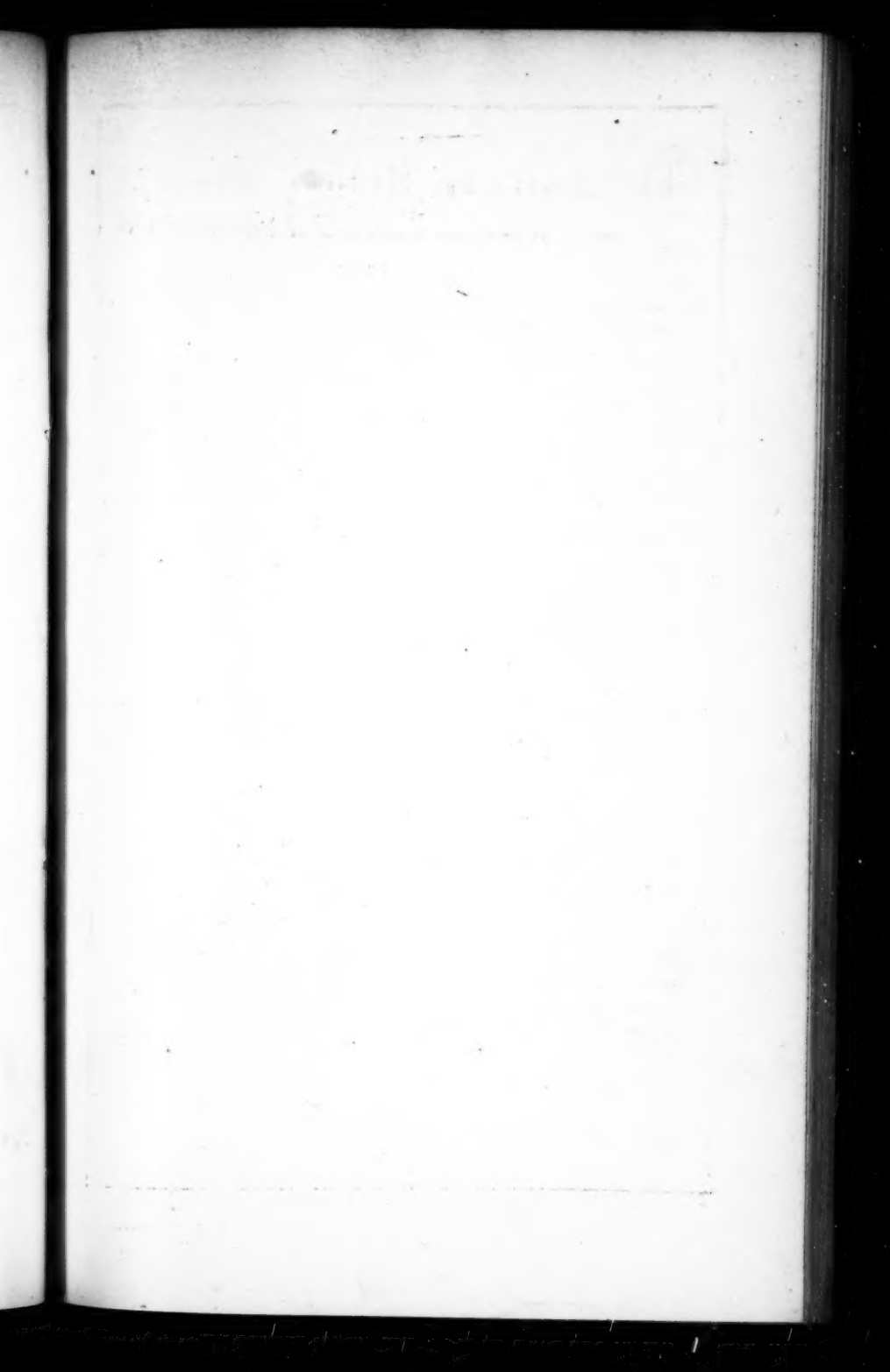
The following is the list of graduates :—

James P. Cooper, Alabama.	William S. Howell, New York.
Levi Warner, New York.	A. B. Foster, Maine.
F. C. Olavarieta, Cuba.	James W. Greene, M.D., Virginia.
Augustin Orihuela, Cuba.	Geo. H. Perry, Rhode Island.
T. B. De Castro, Cuba.	Chas. J. O'Hagan, North Carolina.
Gerard Van Arcken, Central America.	J. Henry Johnson, Rhode Island.
William N. Hardin, M.D., Virginia.	E. H. Harris, Iowa.
Edward M. Deey, New York.	J. C. Kenny, New York.
George T. Dougherty, Mississippi.	Samuel R. Elliott, New York.
H. Gilbert Leigh, Virginia.	Adam Rossman, New York.
John Grammer, Jr., Virginia.	Benj. Lee, Delaware.
John J. Linson, New York.	C. K. S. Millard, M.D., Kentucky.
Warburton Hill, North Carolina.	B. L. Budd, New York.
John Carey Selden, Virginia.	Wm. E. Casseday, M.D., Kentucky.
Manuel Romagosa, Cuba.	Geo. B. Bouton, M.D., Connecticut.
Ralph W. Cummings, Maine.	Wm. C. Williams, M.D. Missouri.

HONORARY DEGREES.

Abraham Robertson, M.D., New Hampshire.	Daniel Tilden, M.D., Ohio.
	Arthur Du Berceau, New York.

Death from Fright. A singular case, in which a youth named Harrison died from the effects of fright, has just been brought under the notice of the profession at York. The hapless deceased had slightly scratched himself with a knife, and he became so alarmed at the appearance of the few drops of blood which oozed from the nearly imperceptible wound, that his nervous system received a fearful shock, from which it never recovered, and he gradually sunk. It seems that a short time previously the deceased's brother died from the effects of excessive hæmorrhage, and this no doubt acted most violently on the nervous system, and led to the fatal result.—*Dublin Press.*



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E. P. ALLEN.

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